

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400448105

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 26625 4. Contact Name: Amy Mackey
2. Name of Operator: ELM RIDGE EXPLORATION CO LLC Phone: (505) 6323476
3. Address: 12225 GREENVILLE AVE STE 950 Fax: (505) 6328151
City: DALLAS State: TX Zip: 75243-

5. API Number 05-067-09532-00 6. County: LA PLATA
7. Well Name: IGE Well Number: 117
8. Location: QtrQtr: SENW Section: 18 Township: 33N Range: 7W Meridian: N
Footage at surface: Distance: 1512 feet Direction: FNL Distance: 1621 feet Direction: FWL
As Drilled Latitude: 37.107270 As Drilled Longitude: -107.653760

GPS Data:

Data of Measurement: 07/22/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Scott Wiebe

** If directional footage at Top of Prod. Zone Dist.: 1512 feet. Direction: FNL Dist.: 1621 feet. Direction: FWL

Sec: 18 Twp: 33N Rng: 07W

** If directional footage at Bottom Hole Dist.: 1701 feet. Direction: FNL Dist.: 2559 feet. Direction: FWL

Sec: 18 Twp: 33N Rng: 07W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/10/2013 13. Date TD: 05/14/2013 14. Date Casing Set or D&A: 05/15/2013

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6532 KB 12

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Compensated photo density and dual neutron, Hole volume capliper, Triple combo quick look, Rtap array induction, focused electric and cement bond log.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	350	240	0	350	CALC
1ST	7+7/8	5+1/2	17	0	3,354	685	0	3,354	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work: _____					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Amy Mackey

Title: Sr. Regulatory Supervisor Date: _____ Email: amackey1@elmridge.net

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400455078	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)