

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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DE ET OE ES

Document Number:

1965072

Date Received:

11/13/2006

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: 10059

4. Contact Name: JESUS VILLALOBOS

2. Name of Operator: PETRO MEX RESOURCES

Phone: (505) 632-5950

3. Address: P O BOX 6724

Fax: (505) 634-1503

City: FARMINGTON State: NM Zip: 87499

5. API Number 05-045-06779-00

6. County: GARFIELD

7. Well Name: GOVERNMENT

Well Number: 6

8. Location: QtrQtr: NESE Section: 8 Township: 8S Range: 101W Meridian: 6

Footage at surface: Distance: 1728 feet Direction: FSL Distance: 670 feet Direction: FEL

As Drilled Latitude: 39.373207 As Drilled Longitude: -106.680273

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name:

10. Field Number:

11. Federal, Indian or State Lease Number: 0124705

12. Spud Date: (when the 1st bit hit the dirt) 10/24/2004 13. Date TD: 11/14/2004 14. Date Casing Set or D&A: 05/30/2005

15. Well Classification:

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

16. Total Depth MD 1275 TVD** 17 Plug Back Total Depth MD 1266 TVD**

18. Elevations GR 6417 KB 6425

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:

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	17	13+3/8			120	65			
1ST	11	7			1,266	200			

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:

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

Signed: Y Print Name: TRUDY GRUBELNIK

Title: AGENT Date: 10/16/2006 Email: PETROMEXRESOURCES@YAHOO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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)