

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



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Document Number:

400530041

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: 10431

4. Contact Name: Roy Merrill

2. Name of Operator: CHAMA OIL & MINERALS LLC

Phone: (719) 429-2225

3. Address: PO BOX 50203

Fax: (432) 683-8250

City: MIDLAND State: TX Zip: 79710

5. API Number 05-121-11018-00

6. County: WASHINGTON

7. Well Name: SORS

Well Number: 1P

8. Location: QtrQtr: SWSW Section: 26 Township: 4N Range: 54W Meridian: 6

Footage at surface: Distance: 650 feet Direction: FSL Distance: 650 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/25/2012 13. Date TD: 01/21/2013 14. Date Casing Set or D&A: 01/23/2013

15. Well Classification:

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

16. Total Depth MD 8280 TVD** 17 Plug Back Total Depth MD 6206 TVD**

18. Elevations GR 4412 KB 4434

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:

Intermediate: Spectral Dual Spaced Density - Gamma Ray - Daul Lateral - Micro Spectral - Sonic

Production: Triple Combo-Gamma Ray - Dipole Sonic - Imager 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+1/2	13+3/8	61	22	550	390	22	550	VISU
2ND	12+1/4	9+5/8	40	22	6,385	890	2,800	6,385	CALC
OPEN HOLE	8+3/4		0	6385	8,280	0	0	0	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/03/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	100	40	22	100

Details of work:

Top out casing cement job on surface casing.

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	
NIOBRARA	4,108		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	4,929		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,010		<input type="checkbox"/>	<input type="checkbox"/>	
PERMIAN	5,780		<input type="checkbox"/>	<input type="checkbox"/>	
AMAZON	6,510		<input type="checkbox"/>	<input type="checkbox"/>	
COUNCIL GROVE	6,560		<input type="checkbox"/>	<input type="checkbox"/>	
Admire	6,700		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIRGIL	6,840		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CHEROKEE	7,570		<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: Roy

Title: Merrill

Date: _____

Email: roy.merrill@me.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400530290	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400530294	Core Analysis	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400530200	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400530218	XLS-XLS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)