

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:

400554061

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: 30680

4. Contact Name: APRIL POHL

2. Name of Operator: FOUR STAR OIL & GAS COMPANY

Phone: (505) 333-1941

3. Address: 1400 SMITH STREET - ROOM 44195

Fax: (505) 334-7134

City: HOUSTON State: TX Zip: 77002

5. API Number 05-067-07915-01

6. County: LA PLATA

7. Well Name: LaPosta

Well Number: 3R

8. Location: QtrQtr: SENE Section: 5 Township: 33N Range: 10W Meridian: N

Footage at surface: Distance: 1841 feet Direction: FNL Distance: 1201 feet Direction: FEL

As Drilled Latitude: 37.125339 As Drilled Longitude: -107.952243

GPS Data:

Data of Measurement: 08/04/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: KYLE BEEBE

** If directional footage at Top of Prod. Zone Dist.: 1843 feet. Direction: FNL Dist.: 1199 feet. Direction: FEL

Sec: 5 Twp: 33N Rng: 10W

** If directional footage at Bottom Hole Dist.: 1843 feet. Direction: FNL Dist.: 1199 feet. Direction: FEL

Sec: 5 Twp: 33N Rng: 10W

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) 11/13/1992 13. Date TD: 01/20/2014 14. Date Casing Set or D&A: 01/21/2014

15. Well Classification:

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

16. Total Depth MD 2954 TVD** 2954 17 Plug Back Total Depth MD 2876 TVD** 2876

18. Elevations GR 6629 KB 6645

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:

GR-CBL-CCL, GR-CCL

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	9+5/8		0	330	160	330	330	
1ST	8+3/4	7+0/0		0	2,525	375	0	2,525	
1ST LINER	6+1/4	5+0/0		2351	2,876				

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:

CIBP SET @ 2485' IN 7" 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	
FRUITLAND COAL	2,534	2,954	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	2,644	2,876	<input type="checkbox"/>	<input type="checkbox"/>	ORIGINAL HOLE NOW ABANDONEND BY CIBP. INTERVAL DRILLED FOR SIDETRACK. INTERVAL PERFERD IN LINER INSTALLED IN SIDETRACK.

Comment:

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

Signed: _____ Print Name: APRIL POHL

Title: REGULATORY SPECIALIST Date: _____ Email: APRIL.POHL@CHEVRON.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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400554062	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400554063	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400554064	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)