

FORM
5Rev
09/14

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:

400837798

Date Received:

06/15/2015

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

OGCC Operator Number: 10464

Contact Name: Nolan Redmond

Name of Operator: CATAMOUNT ENERGY PARTNERS LLC

Phone: (720) 484-2344

Address: 1801 BROADWAY #1000

Fax: (720) 484-2363

City: DENVER State: CO Zip: 80202

API Number 05-067-09922-00

County: LA PLATA

Well Name: Elsa 34-6-19

Well Number: 1

Location: QtrQtr: SESE Section: 19 Township: 34N Range: 6W Meridian: M

Footage at surface: Distance: 1303 feet Direction: FSL Distance: 290 feet Direction: FEL

As Drilled Latitude: 37.172630 As Drilled Longitude: -107.533730

GPS Data:

Date of Measurement: 04/28/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Nelson Ross

** If directional footage at Top of Prod. Zone Dist.: 1917 feet. Direction: FSL Dist.: 744 feet. Direction: FWL

Sec: 20 Twp: 34N Rng: 6W

** If directional footage at Bottom Hole Dist.: 1956 feet. Direction: FSL Dist.: 893 feet. Direction: FWL

Sec: 20 Twp: 34N Rng: 6W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/04/2015 Date TD: 04/08/2015 Date Casing Set or D&A: 04/09/2015

Rig Release Date: 04/10/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3515 TVD** 3111 Plug Back Total Depth MD 3450 TVD** 3052

Elevations GR 6970 KB 6986 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Gamma Ray, Resistivity, Density, CBL

CASING, LINER AND CEMENT

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	36	0	482	270	0	482	VISU
1ST	8+3/4	7+0/0	23	0	3,503	310	324	3,503	CBL

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	3,144	3,379	NO	NO	

Comment:

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

Signed: _____ Print Name: Nolan Redmond

Title: Geo/Eng Tech Date: 6/15/2015 Email: nredmond@catamountep.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400845390	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400845389	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400837798	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400837839	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400845335	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400845337	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400845340	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400848193	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400848215	LAS-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)