

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.

Document Number:
401052350

Date Received:

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 05-067-09945-00 County: LA PLATA

Well Name: Elsa 34-6-19 Well Number: 2

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

Footage at surface: Distance: 1298 feet Direction: FSL Distance: 332 feet Direction: FEL

As Drilled Latitude: 37.172640 As Drilled Longitude: -107.533800

GPS Data:
Date of Measurement: 05/19/2016 PDOP Reading: 2.2 GPS Instrument Operator's Name: Kenny Rea

** If directional footage at Top of Prod. Zone Dist.: 680 feet. Direction: FSL Dist.: 782 feet. Direction: FWL
Sec: 20 Twp: 34N Rng: 6W

** If directional footage at Bottom Hole Dist.: 686 feet. Direction: FSL Dist.: 898 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) 05/13/2016 Date TD: 05/14/2016 Date Casing Set or D&A: 05/15/2016

Rig Release Date: 05/16/2016 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 3606 TVD** 3170 Plug Back Total Depth MD 3505 TVD** 3074

Elevations GR 6971 KB 6982 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Cased Hole CBL, neutron

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	456	260	0	456	VISU
1ST	8+3/4	7	24	0	3,548	335	0	3,548	VISU

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	3,260		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: _____ Email: nredmond@catamountep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401052408	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401055543	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"/>
Other Attachments			
401052405	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401052406	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401052407	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401086770	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)