

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:

401070360

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

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 05-067-09945-01

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.: 716 feet. Direction: FSL Dist.: 196 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: 05/25/2016 Date Casing Set or D&amp;A: 05/25/2016

Rig Release Date: 06/12/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 4495 TVD\*\* 3154 Plug Back Total Depth MD 4495 TVD\*\* 3154

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

List Electric Logs Run:

## 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
OPEN HOLE	6+1/8			3497	4,495				

## 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:

Lateral 1 was unlined.

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 ?
<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"/>
401088669	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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
401122066	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)