

FORM
5
Rev
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



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Document Number:
401293210

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: <u>69805</u>	Contact Name: <u>Michael Clark</u>
Name of Operator: <u>PETROX RESOURCES INC</u>	Phone: <u>(970) 8785594</u>
Address: <u>P O BOX 2600</u>	Fax: <u>(970) 8784489</u>
City: <u>MEEKER</u> State: <u>CO</u> Zip: <u>81641</u>	

API Number <u>05-007-06269-01</u>	County: <u>ARCHULETA</u>
Well Name: <u>TIERRA PIEDRA 33-5</u>	Well Number: <u>15-1 R</u>
Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>33N</u> Range: <u>5W</u> Meridian: <u>N</u>	
Footage at surface: Distance: <u>353</u> feet Direction: <u>FNL</u>	Distance: <u>873</u> feet Direction: <u>FWL</u>
As Drilled Latitude: <u>37.110980</u>	As Drilled Longitude: <u>-107.385620</u>

GPS Data:
Date of Measurement: 06/29/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Scott Weibe

** If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FNL Dist.: 824 feet. Direction: FWL
Sec: 15 Twp: 33N Rng: 5W

** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FNL Dist.: 824 feet. Direction: FWL
Sec: 15 Twp: 33N Rng: 5W

Field Name: IGNACIO BLANCO Field Number: 38300
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/20/2008 Date TD: 11/25/2008 Date Casing Set or D&A: 12/28/2008
Rig Release Date: 12/28/2008 Per Rule 308A.b.

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

Total Depth MD 2931 TVD** 2760 Plug Back Total Depth MD 2931 TVD** 2760

Elevations GR 6226 KB 6240 **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+3/4	9+5/8	36	0	345	200	0	345	VISU
1ST	8+3/4	7	20	0	2,863	380	0	2,863	CBL
1ST LINER	6+1/4	2+7/8	6.5	2482	2,931				

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	2,855	2,875	NO	NO	

Comment:

Had mechanical problems, aborted further drilling past 2931 ft. Top of production zone and bottom-hole same

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

Signed: _____

Print Name: Michael Clark

Title: Engineer

Date: _____

Email: mike.petrox@gmail.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"/>
401293441	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>			
401293449	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401293504	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)