

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:
401483524

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) 484-2347
 Address: 1801 BROADWAY #1000 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-067-10008-00 County: LA PLATA
 Well Name: IGW Well Number: 123B
 Location: QtrQtr: SESW Section: 6 Township: 33N Range: 8W Meridian: N
 Footage at surface: Distance: 1184 feet Direction: FSL Distance: 1561 feet Direction: FWL
 As Drilled Latitude: 37.128850 As Drilled Longitude: -107.763140

GPS Data:
 Date of Measurement: 12/11/2017 PDOP Reading: 1.8 GPS Instrument Operator's Name: Nelson Ross

** If directional footage at Top of Prod. Zone Dist.: 1804 feet. Direction: FSL Dist.: 2645 feet. Direction: FWL
 Sec: 6 Twp: 33N Rng: 8W
 ** If directional footage at Bottom Hole Dist.: 1982 feet. Direction: FSL Dist.: 2415 feet. Direction: FEL
 Sec: 6 Twp: 33N Rng: 8W

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

Spud Date: (when the 1st bit hit the dirt) 12/01/2017 Date TD: 12/02/2017 Date Casing Set or D&A: 12/03/2017
 Rig Release Date: 12/04/2017 Per Rule 308A.b.

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

Total Depth MD 3596 TVD** 3076 Plug Back Total Depth MD 3540 TVD** 3028

Elevations GR 6456 KB 6472 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 Cased hole neutron, gamma ray, CBL. Open hole logs were run on the IGW 124 API #05-067-09298 located on the same pad.

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	8+5/8	24	0	377	265	0	377	VISU
1ST	7+7/8	5+1/2	17	0	3,586	390	0	3,586	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	2,972	3,420	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			
401484980	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401483568	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			
401483563	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401483564	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401483565	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401483566	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401483567	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

