

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:
401733585

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 05-067-10018-00 County: LA PLATA
 Well Name: Jaques Well Number: 12
 Location: QtrQtr: NWSE Section: 27 Township: 33N Range: 8W Meridian: N
 Footage at surface: Distance: 1480 feet Direction: FSL Distance: 1405 feet Direction: FEL
 As Drilled Latitude: 37.071771 As Drilled Longitude: -107.700362

GPS Data:
 Date of Measurement: 08/16/2018 PDOP Reading: 1.8 GPS Instrument Operator's Name: Nelson Ross

** If directional footage at Top of Prod. Zone Dist.: 2299 feet. Direction: FNL Dist.: 746 feet. Direction: FEL
 Sec: 27 Twp: 33N Rng: 8W
 ** If directional footage at Bottom Hole Dist.: 2161 feet. Direction: FNL Dist.: 688 feet. Direction: FEL
 Sec: 27 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) 07/17/2018 Date TD: 07/18/2018 Date Casing Set or D&A: 07/19/2018
 Rig Release Date: 07/20/2018 Per Rule 308A.b.

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

Total Depth MD 3991 TVD** 3416 Plug Back Total Depth MD 3911 TVD** 3340

Elevations GR 3728 KB 3739 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Cased Hole Neutron, Gamma Ray, 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	8+5/8	23	0	384		0	384	VISU
1ST	8+5/8	5+1/2	17	0	3,953		0	3,953	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	3,573	3,796	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			
401743407	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401734240	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			
401734239	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401734440	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401734448	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401734449	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401734451	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

