

Document Number:
401798543

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 05-007-06332-00 County: ARCHULETA
 Well Name: EBC Well Number: 5
 Location: QtrQtr: NENW Section: 28 Township: 34N Range: 5W Meridian: M
 Footage at surface: Distance: 946 feet Direction: FNL Distance: 1534 feet Direction: FWL
 As Drilled Latitude: 37.167290 As Drilled Longitude: -107.401728

GPS Data:
 Date of Measurement: 09/27/2018 PDOP Reading: 2.1 GPS Instrument Operator's Name: Nelson Ross

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

Field Name: IGNACIO BLANCO Field Number: 38300
 Federal, Indian or State Lease Number: COC70202

Spud Date: (when the 1st bit hit the dirt) 09/16/2018 Date TD: 09/16/2018 Date Casing Set or D&A: 09/16/2018
 Rig Release Date: 09/16/2018 Per Rule 308A.b.

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

Total Depth MD 524 TVD** 524 Plug Back Total Depth MD _____ TVD** _____
 Elevations GR 6930 KB 6930 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	517	280	0	517	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	

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			
401798546	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

