

FORM 5 Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number: 2588043

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.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 55575 4. Contact Name: DEB POWELL
2. Name of Operator: MCELVAIN ENERGY INC Phone: (303) 893-0933
3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-

5. API Number 05-125-11980-00 6. County: YUMA
7. Well Name: Roadrunner State Well Number: 36-11
8. Location: QtrQtr: NE SW Section: 36 Township: 2S Range: 46W Meridian: 6
Footage at surface: Distance: 2400 feet Direction: FSL Distance: 2130 feet Direction: FWL
As Drilled Latitude: 39.838420 As Drilled Longitude: -102.476020

GPS Data:

Data of Measurement: 08/04/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: ROBERT DALEY

** 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:

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9103.6

12. Spud Date: (when the 1st bit hit the dirt) 07/22/2011 13. Date TD: 07/23/2011 14. Date Casing Set or D&A: 07/24/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2508 TVD** 17 Plug Back Total Depth MD 2508 TVD**

18. Elevations GR 4047 KB 4053

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

DIL, SONIC GAMMA, CDN GAMMA

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: DEBORAH K. POWELL

Title: ENG TECH SUPERVISOR Date: 8/9/2011 Email: DEBBYP@MCELVAIN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2588044	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"/>
Other Attachments			
2588043	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Changed Form 5 from final to Preliminary, only Surface Casing being reported. And no formation information is given.	10/27/2011 11:54:07 AM
Permit	REQ DIGITAL LOGS, FORM 6-SUB IN PROCESS	10/25/2011 2:25:05 PM

Total: 2 comment(s)