

FORM  
5Rev  
09/14State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400765238

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: 26625

Contact Name: Amy Archuleta

Name of Operator: ELM RIDGE EXPLORATION COMPANY LLC

Phone: (505) 6323476

Address: 12225 GREENVILLE AVE STE 950

Fax: (505) 6328151

City: DALLAS State: TX Zip: 75243-

API Number 05-067-09911-00

County: LA PLATA

Well Name: IGW

Well Number: 143

Location: QtrQtr: NWSW Section: 18 Township: 33N Range: 8W Meridian: N

Footage at surface: Distance: 1462 feet Direction: FSL Distance: 1085 feet Direction: FWL

As Drilled Latitude: 37.100380 As Drilled Longitude: -107.764880

## GPS Data:

Date of Measurement: 07/31/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Nelson Ross

\*\* If directional footage at Top of Prod. Zone Dist.: 2460 feet. Direction: FSL Dist.: 1158 feet. Direction: FWL

Sec: 18 Twp: 33N Rng: 08W

\*\* If directional footage at Bottom Hole Dist.: 2461 feet. Direction: FSL Dist.: 1157 feet. Direction: FWL

Sec: 18 Twp: 33N Rng: 08W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/22/2014 Date TD: 07/28/2014 Date Casing Set or D&amp;A: 07/29/2014

Rig Release Date: 08/23/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 3651 TVD\*\* 3345 Plug Back Total Depth MD 3601 TVD\*\* 3295

Elevations GR 6725 KB 6739

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Porosity, Combo log. 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	24	0	538	370	0	538	CALC
2ND	7+7/8	5+1/2	17	0	3,640	335	0	3,640	CALC

## 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	3,131	3,408	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: Amy Archuleta

Title: Sr. Regulatory Supervisor Date: \_\_\_\_\_ Email: aarchuleta@elmridge.net

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
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#### Attachment Checklist

	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400765303	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

400765284	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400765286	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400765288	PDF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400765291	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400765296	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400765301	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)