

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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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.

1. OGCC Operator Number:

2. Name of Operator:

3. Address:

City

State:

Zip:

4. Contact Name

Phone:

Fax:

5. API Number 05-

6. County:

7. Well Name:

Well Number:

8. Location (QtrQtr, Sec, Twp, Rng, Meridian):

Footage at surface:

As Drilled Latitude:

GPS Data:

Date of Measurement:

PDOP Reading:

GPS Instrument Operator's Name:

** If directional, footage at Top of Prod. Zone

** If directional, footage at Bottom Hole

9. Field Name:

10. Field Number

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt)

13. Date TD:

14. Date Casing Set or D&A:

16. Total Depth MD

TVD**

17. Plug Back Total Depth MD

TVD**

18. Elevations GR

KB

19. List Electric Logs Run:

Complete the Attachment Checklist

OP

OGCC

Logs

Directional Survey**

DST Analysis

Core Analysis

Cmt summary*

15. Well Classification

Dry

Oil

Gas

Coalbed

Disposal

Stratigraphic

Enhanced Recovery

Gas Storage

Observation

Other:

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

20.

CASING, LINER and CEMENT

*If Cement Bond Log was not run, submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Top	Csg/Tool Setting Depth	Number of sacks cmt	Cement Top	Cement Bottom	CBL*	Calculated*
Conductor									
Surface									
Production									
Stage, Squeeze, Remedial Cement Job									
Stage, Squeeze, Remedial Cement Job									
Stage, Squeeze, Remedial Cement Job									
Liner									
Liner									

21.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies	
	Top	Bottom	DST	Cored

All DST and Core Analyses must be submitted to COGCC

COMMENTS

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

Print Name:

E-mail:

Signature:

Title:

Date: