

FORM
5Rev
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

Document Number:

2610643

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

1. OGCC Operator Number: 8840 4. Contact Name: TIM HAGER
2. Name of Operator: BLUE CHIP OIL INC Phone: (970) 493-6456
3. Address: 155 E BOARDWALK DR STE 400 Fax: (970) 232-3051
City: FORT COLLINS State: CO Zip: 80525

5. API Number 05-001-09678-00 6. County: ADAMS
7. Well Name: STONEHOCKER Well Number: 12-8H
8. Location: QtrQtr: SENW Section: 8 Township: 1S Range: 67W Meridian: 6
Footage at surface: Distance: 1669 feet Direction: FNL Distance: 2402 feet Direction: FWL
As Drilled Latitude: 39.981780 As Drilled Longitude: -104.913460

GPS Data:

Data of Measurement: 02/11/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: DALLAS NIELSEN

** If directional footage

at Top of Prod. Zone Distance: 2102 feet Direction: FNL Distance: 532 feet Direction: FWL
Sec: 8 Twp: 1S Rng: 67W
at Bottom Hole Distance: 2156 feet Direction: FNL Distance: 546 feet Direction: FWL
Sec: 8 Twp: 1S Rng: 67W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/27/2010 13. Date TD: 02/04/2010 14. Date Casing Set or D&A: 02/05/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9099 TVD 8768 17 Plug Back Total Depth MD 9056 TVD 872518. Elevations GR 5199 KB 5211

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:

COMPENSATED DENSITY COMPENSATED NEUTRON DUAL INDUCTION, CBL

20. Casing, Liner and Cement:

CASING

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	24		0	1,193	770	0	1,193	
1ST	7+7/8	4+1/2		0	9,056	475	5,220	9,056	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

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

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	
NIOBRARA	7,948	8,256	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,392	8,411	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,847	8,866	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	9,004	9,058	<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: Y _____ Print Name: TIM HAGER _____

Title: PRESIDENT Date: 2/11/2010 Email: BLUECHIPPOOL@MSN.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Nash* Director of COGCC Date: 1/27/2011

Attachment Check List

Att Doc Num	Name
2070644	DIRECTIONAL SURVEY
2070645	SURVEY PLAT

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)