

**FORM
5**Rev
02/08State 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:

2610672

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: 74165

4. Contact Name: ED INGVE

2. Name of Operator:

Phone: (303) 680-4725

3. Address:

Fax: (303) 680-4907

City: State: CO Zip: 80046-04

5. API Number 05-005-07144-00

6. County: ARAPAHOE

7. Well Name: PAR STATE 28-14

Well Number: 2

8. Location: QtrQtr: SESW Section: 28 Township: 5S Range: 64W Meridian: 6

Footage at surface: Distance: 695 feet Direction: FSL Distance: 2082 feet Direction: FWL

As Drilled Latitude: 39.581460 As Drilled Longitude: -104.559850

GPS Data:

Data of Measurement: 12/29/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: KEITH WESTFALL

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: BRAVE

10. Field Number: 7515

11. Federal, Indian or State Lease Number: CO STATE LE

12. Spud Date: (when the 1st bit hit the dirt) 08/07/2009 13. Date TD: 08/15/2009 14. Date Casing Set or D&A: 08/16/2009

15. Well Classification:

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

16. Total Depth MD 8600 TVD 17 Plug Back Total Depth MD 8551 TVD

18. Elevations GR 5987 KB 6000

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:

DUAL INDUCTION-SP-GR, COMPENSATED DENSITY/NEUTRON-MICROLOG, CEMENT BOND-CCL-GR

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	8+5/8		0	443	320	0	443	
1ST	7+7/8	4+1/2		0	8,570	225	650	8,570	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	
FOX HILLS	1,881		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,253		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,662		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,930		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,962		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	8,235		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	8,324		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
J SAND	8,378		<input type="checkbox"/>	<input checked="" 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: EDWARD INGVE _____

Title: OWNER/MANGER Date: 2/11/2010 Email: RENEGADEOG@AOL.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 G. Nashin* Director of COGCC Date: 2/10/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)