

**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

Document Number:

2587657

**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: 10368

4. Contact Name: ERNIE FISCHER

2. Name of Operator: ENERGY ONE LLC

Phone: (307) 856-9271

3. Address: 877 N 8TH WEST

Fax: (307) 857-3050

City: RIVERTON State: WY Zip: 82501

5. API Number 05-009-06671-00

6. County: BACA

7. Well Name: THOMPSON

Well Number: 9-1-4

8. Location: QtrQtr: SESE Section: 9 Township: 29S Range: 43W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 37.530800 As Drilled Longitude: -102.257630

## GPS Data:

Date of Measurement: 04/12/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: L.K. STEVENSON

\*\* 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:

12. Spud Date: (when the 1st bit hit the dirt) 06/18/2011 13. Date TD: 07/02/2011 14. Date Casing Set or D&amp;A: 07/03/2011

## 15. Well Classification:

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

16. Total Depth MD 6096 TVD\*\* 17 Plug Back Total Depth MD 15 TVD\*\*

18. Elevations GR 3918 KB 3929

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:

INDUCTION, NEUTRON DENSITY, SONIC

## 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		12	776	330	0	776	CALC

**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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MARMATON	4,248	4,548	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,858	5,398	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,418	6,032	<input type="checkbox"/>	<input type="checkbox"/>	
ARBUCKLE	6,032		<input type="checkbox"/>	<input type="checkbox"/>	ARBUCKLE: MEASURED DEPTH BOTTOM: TD

Comment:

P&A'D WELL, SUBMITTED SUB FORM 6

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

Signed: \_\_\_\_\_ Print Name: ERNIE FISCHER

Title: OFFICE MANAGER Date: 7/29/2011 Email: ERNIE@USNRG.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
2587658	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"/>
<u>Other Attachments</u>		
2587657	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	cement ticket for surface casing says 300 sx not 330.	9/15/2011 9:52:31 AM
Permit	SUB FORM 6 DOC#2587667 IN PROCESS	9/8/2011 10:14:11 AM

Total: 2 comment(s)