

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:

1665002

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: 10172

4. Contact Name: TRENT GREEN

2. Name of Operator: BOPCO LP

Phone: (817) 390-8400

3. Address: 9949 SOUTH OSWEGO ST #200

Fax: (817) 390-8788

City: PARKER State: CO Zip: 80134

5. API Number 05-103-11139-00

6. County: RIO BLANCO

7. Well Name: YELLOW CREEK FEDERAL

Well Number: 3-11-0344

8. Location: QtrQtr: NWNW Section: 3 Township: 1S Range: 98W Meridian: 6

Footage at surface: Distance: 947 feet Direction: FNL Distance: 878 feet Direction: FWL

As Drilled Latitude: 40.002980 As Drilled Longitude: -108.383870

GPS Data:

Data of Measurement: 05/12/2009 PDOP Reading: 2.2 GPS Instrument Operator's Name: DEE SLAUGH

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 912 feet. Direction: FNL Dist.: 1610 feet. Direction: FWL

Sec: 3 Twp: 1S Rng: 98W

9. Field Name: YELLOW CREEK

10. Field Number: 97955

11. Federal, Indian or State Lease Number: COC-59393

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2008 13. Date TD: 09/26/2008 14. Date Casing Set or D&A: 09/27/2008

15. Well Classification:

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

16. Total Depth MD 3600 TVD** 3513 17 Plug Back Total Depth MD 3446 TVD** 3359

18. Elevations GR 6500 KB 6525

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:

NO LOGS RUN ON CONDUSTOR AND SURFACE CASING PART OF HOLE

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
CONDUCTOR	28	20		0	60	167	0	60	CALC
SURF	14+3/4	9+5/8		0	3,600	1,935	0	3,600	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

PRELIMINARY REPORT - ANTICIPATED DRILLING & COMPLETING IN THE FUTURE.

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

Signed: Y Print Name: TRENT W. GREEN

Title: DIV. PRODUCTION MGR Date: 9/30/2009 Email: TWGREEN@BASSPET.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)