

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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| DE | ET | OE | ES |
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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: _____ | 4. Contact Name _____ |
| 2. Name of Operator: _____ | |
| 3. Address: _____ | Phone: _____ |
| City _____ State: _____ Zip: _____ | Fax: _____ |

Complete the
Attachment Checklist

OP OGCC

| | | | | |
|--|--|--|--|--|
| 5. API Number 05- _____ | 6. County: _____ | Logs _____ | | |
| 7. Well Name: _____ | Well Number: _____ | Directional Survey** _____ | | |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____ | | DST Analysis _____ | | |
| Footage at surface: _____ FNL/FSL _____ FEL/FWL _____ | | Core Analysis _____ | | |
| As Drilled Latitude: _____ As Drilled Longitude: _____ | | Cmt summary* _____ | | |
| GPS Data: _____ | | | | |
| Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____ | | | | |
| ** If directional, footage at Top of Prod. Zone _____ FNL/FSL _____ FEL/FWL _____ | Sec, Twp, Rng _____ | | | |
| ** If directional, footage at Bottom Hole _____ FNL/FSL _____ FEL/FWL _____ | Sec, Twp, Rng _____ | | | |
| 9. Field Name: _____ | 10. Field Number _____ | 15. Well Classification | | |
| 11. Federal, Indian or State Lease Number: _____ | | <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas | | |
| 12. Spud Date: (when the 1st bit hit the dirt) _____ | 13. Date TD: _____ | <input type="checkbox"/> Coalbed <input type="checkbox"/> Disposal | | |
| | | <input type="checkbox"/> Stratigraphic | | |
| 16. Total Depth MD _____ TVD** _____ | 17. Plug Back Total Depth MD _____ TVD** _____ | <input type="checkbox"/> Enhanced Recovery | | |
| | | <input type="checkbox"/> Gas Storage | | |
| 18. Elevations GR _____ KB _____ | One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available. | <input type="checkbox"/> Observation | | |
| | | <input type="checkbox"/> Other: _____ | | |
| 19. List Electric Logs Run: _____ | | | | |

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 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Surface | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Production | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage, Squeeze, Remedial Cement Job | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage, Squeeze, Remedial Cement Job | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage, Squeeze, Remedial Cement Job | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

21.

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | |
|----------------|----------------|--------|--------------------------|--------------------------|
| | Top | Bottom | DST | Cored |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

All DST and Core Analyses must be submitted to COGCC

| COMMENTS |
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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: _____