

**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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**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: _____ <input type="checkbox"/> FNL/FSL _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> FNL/FSL _____ <input type="checkbox"/> FEL/FWL _____ Sec, Twp, Rng _____				
** If directional, footage at Bottom Hole _____ <input type="checkbox"/> FNL/FSL _____ <input type="checkbox"/> 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
	14. Date Casing Set or D&A: _____	<input type="checkbox"/> Stratigraphic
16. Total Depth MD _____ TVD** _____	17. Plug Back Total Depth MD _____ TVD** _____	<input type="checkbox"/> Enhanced Recovery
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"/> Gas Storage
		<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"/>
Stage, Squeeze, Remedial Cement Job								<input type="checkbox"/>	<input type="checkbox"/>
Stage, Squeeze, Remedial Cement Job								<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		All DST and Core Analyses must be submitted to COGCC
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS
			<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"/>	

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: \_\_\_\_\_