

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:

400200787

## 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: 57667

4. Contact Name: CLAYTON DOKE

2. Name of Operator: MINERAL RESOURCES, INC.

Phone: (970) 669-7411

3. Address: PO BOX 328

Fax: (970) 669-4077

City: GREELEY State: CO Zip: 80632

5. API Number 05-123-33975-00

6. County: WELD

7. Well Name: WESTBONE

Well Number: 1-3-22

8. Location: QtrQtr: NWSE Section: 22 Township: 5N Range: 66W Meridian: 6

Footage at surface: Distance: 2388 feet Direction: FSL Distance: 2457 feet Direction: FEL

As Drilled Latitude: 40.384350 As Drilled Longitude: -104.765030

## GPS Data:

Date of Measurement: 10/06/2011 PDOP Reading: 1.1 GPS Instrument Operator's Name: ERIN MATTHEWS

\*\* If directional footage at Top of Prod. Zone Dist.: 1966 feet. Direction: FNL Dist.: 673 feet. Direction: FWL

Sec: 22 Twp: 5N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1974 feet. Direction: FNL Dist.: 676 feet. Direction: FWL

Sec: 22 Twp: 5N Rng: 66W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/13/2011 13. Date TD: 08/22/2011 14. Date Casing Set or D&amp;A: 08/23/2011

## 15. Well Classification:

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

16. Total Depth MD 7980 TVD\*\* 7470 17 Plug Back Total Depth MD 7950 TVD\*\* 7440

18. Elevations GR 4805 KB 4817

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:

GR, CCL, CBL

## 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	24	0	649	460	0	649	VISU
1ST	7+7/8	4+1/2	11.6	0	7,964	690	2,900	7,964	CBL

## 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	
NIOBRARA	7,419		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,742		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No openhole logs run.

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

Signed: \_\_\_\_\_ Print Name: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: \_\_\_\_\_ Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400244154	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400244228	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400244208	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400249749	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)