

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:

2286610

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: 77330

4. Contact Name: DIANE MCCALLUM

2. Name of Operator: SG INTERESTS I LTD

Phone: (970) 252-0696

3. Address: PO BOX 26

Fax: (970) 252-0636

City: MONTROSE State: CO Zip: 81402

5. API Number 05-051-06100-00

6. County: GUNNISON

7. Well Name: COW SKULL 11-89-18

Well Number: 2

8. Location: QtrQtr: NESW Section: 18 Township: 11S Range: 89W Meridian: 6

Footage at surface: Distance: 2004 feet Direction: FSL Distance: 1768 feet Direction: FWL

As Drilled Latitude: 39.098380 As Drilled Longitude: -107.380730

GPS Data:

Date of Measurement: 10/22/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: LUKE SCHWANTES

** If directional footage at Top of Prod. Zone Dist.: 2010 feet. Direction: FSL Dist.: 1418 feet. Direction: FWL

Sec: 18 Twp: 11S Rng: 89W

** If directional footage at Bottom Hole Dist.: 2011 feet. Direction: FSL Dist.: 1420 feet. Direction: FWL

Sec: 18 Twp: 11S Rng: 89W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC 067120X

12. Spud Date: (when the 1st bit hit the dirt) 10/23/2011 13. Date TD: 11/06/2011 14. Date Casing Set or D&A: 11/07/2011

15. Well Classification:

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

16. Total Depth MD 4220 TVD** 4207 17 Plug Back Total Depth MD 4196 TVD** 4186

18. Elevations GR 7387 KB 7406

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:

TRIPLE COMBO, CMT VOLUME, BULK DENSITY

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		16		0	80		0	80	CALC
SURF	12+1/4	9+5/8		0	409	187	0	409	CALC
1ST	8+1/2	5+1/2		0	4,220	113	3,388	4,196	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,388	415	0	3,388

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	
COAL	2,990		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	3,888		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	3,967		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATION NAME: SOUTH CANYON V-SEAM: MEASURED DEPTH TOP: 3471; BASE CAMEO COAL: MEASURED DEPTH TOP: 3992; ROLLINGS SANDSTONE MEASURED DEPTH TOP: 4000.

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

Signed: _____ Print Name: DIANE MCCALLUM

Title: REGULATORY COMPLIANCE Date: 12/20/2011 Email: DMCCALLUM@SGINTERESTS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286613	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286611	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2286610	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2286612	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Added plug back tvd	1/30/2012 4:20:51 PM
Data Entry	CHECK CASING - STAGE/ TOP OUT/REMEDIAL CEMENT - DV TOOL.	1/11/2012 1:26:53 PM

Total: 2 comment(s)