

**FORM  
5**Rev  
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:

2286602

**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: 10339

4. Contact Name: DAVID SEGOBIA

2. Name of Operator: GULFPORT ENERGY CORPORATION

Phone: (405) 242-4977

3. Address: 14313 N. MAY AVENUE - SUITE 100

Fax: (405) 848-8816

City: OKLAHOMA CITY State: OK Zip: 73134

5. API Number 05-081-07666-00

6. County: MOFFAT

7. Well Name: Ellgen

Well Number: 11-10-1

8. Location: QtrQtr: NWNW Section: 10 Township: 6N Range: 91W Meridian: 6

Footage at surface: Distance: 759 feet Direction: FNL Distance: 719 feet Direction: FWL

As Drilled Latitude: 40.497407 As Drilled Longitude: -107.597896

## GPS Data:

Date of Measurement: 04/30/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: D. SPURLOCK

\*\* If directional footage at Top of Prod. Zone Dist.: 869 feet. Direction: FNL Dist.: 671 feet. Direction: FWL

Sec: 10 Twp: 6n Rng: 91w

\*\* If directional footage at Bottom Hole Dist.: 883 feet. Direction: FNL Dist.: 650 feet. Direction: FWL

Sec: 10 Twp: 6n Rng: 91w

9. Field Name: CRAIG

10. Field Number: 13500

11. Federal, Indian or State Lease Number: 0808109006

12. Spud Date: (when the 1st bit hit the dirt) 09/05/2011 13. Date TD: 09/24/2011 14. Date Casing Set or D&amp;A: 09/26/2011

## 15. Well Classification:

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

16. Total Depth MD 7903 TVD\*\* 7900 17 Plug Back Total Depth MD 7903 TVD\*\* 7900

18. Elevations GR 6348 KB 6363

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:

RWCH/SDL/DSN/BSAT/ACRT/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
CONDUCTOR	20	16		0	65		0	65	CALC
SURF	12+1/4	9+5/8		0	799	280	0	799	CALC
1ST	8+3/4	7		0	6,365	410	3,100	6,365	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,080	720	500	3,080

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	
ILES	1,899		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,080		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,476		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,812		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOCUMENT #2286603

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

Signed: \_\_\_\_\_ Print Name: DAVID SEGOBIA

Title: SR. RESERVOIR ENGR. TECH. Date: 12/8/2011 Email: DSEGOBIA@GULFPORTENERGY.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072982	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072983	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072984	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2286602	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--attached emailed surf. cmt. tkt. attached digital logs and directional survey.	1/13/2012 8:15:31 AM
Permit	on hold--need surf. cmt. summ. (intermed. cement summ. in file); need digital logs.	1/12/2012 2:30:04 PM
Data Entry	CASING: CHECK THE STAGE/TOP OUT/REMEDIAL CEMENT - METHOD AND STRING.	1/11/2012 11:53:58 AM

Total: 3 comment(s)