

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:

400243790

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: 22400

4. Contact Name: Jeff Reale

2. Name of Operator: DJ PRODUCTION SERVICES INC

Phone: (303) 947-1387

3. Address: 1273 FALCON COURT

Fax:

City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-30724-00

6. County: WELD

7. Well Name: NELSON

Well Number: 5-51

8. Location: QtrQtr: NWNE Section: 5 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1217 feet Direction: FEL

As Drilled Latitude: 40.345420 As Drilled Longitude: -104.910680

GPS Data:

Data of Measurement: 11/18/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: C VANMATRE

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 10/23/2011 13. Date TD: 10/26/2011 14. Date Casing Set or D&A: 10/27/2011

15. Well Classification:

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

16. Total Depth MD 7301 TVD** 17 Plug Back Total Depth MD 7252 TVD**

18. Elevations GR 4815 KB 4831

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:

Density Neutron, Induction, 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	550	400	0	550	VISU
1ST	7+7/8	4+1/2	11.5#	0	7,264	560	3,270	7,264	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	
PARKMAN	3,346		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,554		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,390		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,624		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,936		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,969		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: Jeff Reale

Title: Agent Date: _____ Email: lam53@msn.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400253866	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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>		
400251660	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400253435	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)