

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:  
400243805

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 05-123-30725-00 6. County: WELD  
7. Well Name: NELSON Well Number: 5-21  
8. Location: QtrQtr: NENW Section: 5 Township: 4N Range: 67W Meridian: 6  
Footage at surface: Distance: 647 feet Direction: FNL Distance: 1880 feet Direction: FWL  
As Drilled Latitude: 40.347280 As Drilled Longitude: -104.916990

GPS Data:  
Date of Measurement: 01/25/2012 PDOP Reading: 2.2 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) 11/07/2011 13. Date TD: 11/10/2011 14. Date Casing Set or D&A: 11/11/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7176 TVD\*\* 17 Plug Back Total Depth MD 7154 TVD\*\*

18. Elevations GR 4832 KB 4848 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	549	430	0	549	VISU
1ST	7+7/8	4+1/2	11.5#	0	7,168	555	2,730	7,168	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	3,980		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,394		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,671		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,973		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,995		<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>			
400253949	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>			
400253438	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400253439	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)