

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:

400259323

Date Received:

## 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: 10295

4. Contact Name: Harvey Greenwood

2. Name of Operator: LONE STAR LLC

Phone: (720) 378-5120

3. Address: 6650 W SAM HOUSTON PKWY N #450

Fax: (303) 651-6219

City: HOUSTON State: TX Zip: 77041

5. API Number 05-123-30367-00

6. County: WELD

7. Well Name: LSWD

Well Number: #1

8. Location: QtrQtr: NENW Section: 18 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 510 feet Direction: FNL Distance: 2150 feet Direction: FWL

As Drilled Latitude: 40.231120 As Drilled Longitude: -104.594900

## GPS Data:

Data of Measurement: 03/07/2012 PDOP Reading: 0.8 GPS Instrument Operator's Name: Harvey Greenwood

\*\* 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) 10/31/2011 13. Date TD: 11/11/2011 14. Date Casing Set or D&amp;A: 11/11/2011

## 15. Well Classification:

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

16. Total Depth MD 10002 TVD\*\* 10002 17 Plug Back Total Depth MD 9905 TVD\*\*

18. Elevations GR 4805 KB 4819

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:

HR induction, comp density, comp neutron, GR, Caliper

## 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	13+7/8	10+3/4	32.75	0	838	550	0	838	CALC
1ST	9+7/8	7	29	0	10,002	732	7,090	10,002	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	7,060	700	0	7,060
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	
SUSSEX	4,420	4,470	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,780	7,035	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,105	7,170	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,504	7,700	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,720	7,840	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,920	7,990	<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	8,104	8,144	<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,742	8,898	<input type="checkbox"/>	<input type="checkbox"/>	
AMAZON	9,220	9,294	<input type="checkbox"/>	<input type="checkbox"/>	
COUNCIL GROVE	9,324	9,638	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Fabrianna Venaducci

Title: Contract Landman Date: \_\_\_\_\_ Email: fabrianna@jameskaro.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400260320	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400259323	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>

Total: 0 comment(s)