

**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:

400238395

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: 78110

4. Contact Name: Michael Bergstrom

2. Name of Operator: SWEPI LP

Phone: (303) 222-6347

3. Address: 4582 S ULSTER ST PKWY #1400

Fax: (303) 222-6258

City: DENVER State: CO Zip: 80237

5. API Number 05-081-07622-00

6. County: MOFFAT

7. Well Name: DURHAM

Well Number: 1-31

8. Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 90W Meridian: 6

Footage at surface: Distance: 474 feet Direction: FSL Distance: 2047 feet Direction: FEL

As Drilled Latitude: 40.335461 As Drilled Longitude: -107.534319

## GPS Data:

Data of Measurement: 01/23/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: B.H.

\*\* If directional footage at Top of Prod. Zone Dist.: 929 feet. Direction: FSL Dist.: 2042 feet. Direction: FEL

Sec: 31 Twp: 5N Rng: 90W

\*\* If directional footage at Bottom Hole Dist.: 1325 feet. Direction: FNL Dist.: 1841 feet. Direction: FEL

Sec: 31 Twp: 5N Rng: 90W

9. Field Name: WADDLE CREEK

10. Field Number: 90450

11. Federal, Indian or State Lease Number: COC-66151

12. Spud Date: (when the 1st bit hit the dirt) 10/11/2011 13. Date TD: 11/06/2011 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 6750 TVD\*\* 3551 17 Plug Back Total Depth MD 0 TVD\*\* 0

18. Elevations GR 6696 KB 6709

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:

Cement Bond, Neutron

## 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	30	20		8	90	12	8	90	CALC
SURF	13+1/2	10+3/4	40.5	11	724	418	11	724	CALC
1ST	9+7/8	7+5/8	29.7	11	3,399	360	1,080	3,399	CBL
1ST LINER	6+3/4	5+1/2	17	3134	6,747				

### 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	
MESAVERDE	505	3,954	<input type="checkbox"/>	<input type="checkbox"/>	Morapos Top 505, bot 691; Buck Peak top 2966, bot 3050; Tow Creek top 3385, bot 3540; Wolf Mountain top 3954, bot na

Comment:

Confidentiality request was submitted via Sundry and approved by COGCC on 3/16/2012

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

Signed: \_\_\_\_\_ Print Name: Michael Bergstrom

Title: Senior Regulatory Advisor Date: \_\_\_\_\_ Email: michael.bergstrom@shell.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400256295	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400256296	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400247849	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248076	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248077	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248078	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248079	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400264523	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)