

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:

400238421

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 05-081-07620-00

6. County: MOFFAT

7. Well Name: DURHAM

Well Number: 2-31

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

Footage at surface: Distance: 432 feet Direction: FSL Distance: 2020 feet Direction: FEL

As Drilled Latitude: 40.335347 As Drilled Longitude: -107.534208

GPS Data:

Data of Measurement: 01/23/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: B.H.

** If directional footage at Top of Prod. Zone Dist.: 546 feet. Direction: FSL Dist.: 1582 feet. Direction: FWL

Sec: 31 Twp: 5N Rng: 90W

** If directional footage at Bottom Hole Dist.: 1846 feet. Direction: FSL Dist.: 991 feet. Direction: FEL

Sec: 32 Twp: 5N Rng: 90W

9. Field Name: WADDLE CREEK

10. Field Number: 90450

11. Federal, Indian or State Lease Number: NA

12. Spud Date: (when the 1st bit hit the dirt) 11/19/2011 13. Date TD: 12/05/2011 14. Date Casing Set or D&A: 12/09/2011

15. Well Classification:

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

16. Total Depth MD 6030 TVD** 3110 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 6695 KB 6716

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, Platform Express

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	36	11	699	421	11	699	CALC
1ST	9+7/8	7+5/8	29.7	11	3,211	351	1,060	3,227	CBL
1ST LINER	6+3/4	5+1/2	17	3002	6,020				

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	497	3,535	<input type="checkbox"/>	<input type="checkbox"/>	Morapos Top 497, bot 687; Buck Peak top 2928, bot 3003; Tow Creek top 3257, bot 3352; Wolf Mountain top 3535, 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>					
400256290	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400256292	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>					
400248083	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248084	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248085	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248086	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248087	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248088	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248089	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248092	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248093	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248095	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248096	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248098	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248100	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400264525	DIRECTIONAL DATA	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)