

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400284927

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: 22400

4. Contact Name: Jeff Reale

2. Name of Operator: DJ PRODUCTION SERVICES INC

Phone: (970) 669-3318

3. Address: 1273 FALCON COURT

Fax: (970) 667-0046

City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-30449-00

6. County: WELD

7. Well Name: Keto

Well Number: 7-34

8. Location: QtrQtr: SWSE Section: 7 Township: 4n Range: 67w Meridian: 6

Footage at surface: Distance: 1339 feet Direction: FSL Distance: 1135 feet Direction: FEL

As Drilled Latitude: 40.324260 As Drilled Longitude: -104.927860

## GPS Data:

Date of Measurement: 05/11/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: C. Vanmatre

\*\* If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FSL Dist.: 1968 feet. Direction: FEL

Sec: 7 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 1968 feet. Direction: FEL

Sec: 7 Twp: 4N Rng: 67W

9. Field Name: JOHNSTOWN

10. Field Number: 42600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2012 13. Date TD: 04/10/2012 14. Date Casing Set or D&amp;A: 04/10/2012

## 15. Well Classification:

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

16. Total Depth MD 7321 TVD\*\* 7212 17 Plug Back Total Depth MD 7295 TVD\*\* 7186

18. Elevations GR 4838 KB 4854

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:

CBL, Commingled open hole

## 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	741	520	0	741	VISU
1ST	7+7/8	4+1/2	11.5#	0	7,310	470	2,895	7,310	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	3,478		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,114		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,552		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,822		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,122		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,143		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,194		<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: Jeff Reale

Title: Agent Date: \_\_\_\_\_ Email: lam53@msn.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400286455	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>					
400286449	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286450	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286943	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)