

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:

400314421

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: 10396

4. Contact Name: Amy Johnson

2. Name of Operator: SOUTHWESTERN ENERGY PRODUCTION

Phone: (281) 618-7414

3. Address: 2350 N SAM HOUSTON PKWY EAST #125

Fax: (281) 618-2919

City: HOUSTON State: TX Zip: 77032

5. API Number 05-005-07182-00

6. County: ARAPAHOE

7. Well Name: Staner 5-58

Well Number: 1-8

8. Location: QtrQtr: SWSW Section: 8 Township: 5S Range: 58W Meridian: 6

Footage at surface: Distance: 661 feet Direction: FSL Distance: 680 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/10/2012 13. Date TD: 07/18/2012 14. Date Casing Set or D&A: 07/24/2012

15. Well Classification:

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

16. Total Depth MD 9650 TVD** 9649 17 Plug Back Total Depth MD 9547 TVD** 9546

18. Elevations GR 5236 KB 21

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:

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	26	20		0	80	105	0	80	
SURF	17+1/2	13+5/8	68	0	1,035	800	0	1,035	
1ST	12+1/4	9+5/8	47	0	7,771	2,035	0	7,771	
1ST LINER	8+1/2	7	26	7801	9,645	270	7,801	9,645	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
MARMATON	8,680	8,960	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ATOKA	8,960	9,300	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MORROW	9,389	9,487	<input type="checkbox"/>	<input checked="" 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: Amy Johnson

Title: Regulatory Supervisor Date: _____ Email: amy_johnson@swn.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"/>
	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>					
400314564	LAS-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314565	LAS-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314567	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314570	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314571	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400314572	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group** **Comment** **Comment Date**

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Total: 0 comment(s)