

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



DE ET OE ES

Document Number:

400328197

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: 10017

4. Contact Name: Alan Nelson

2. Name of Operator: CHACO ENERGY COMPANY

Phone: (405) 942-3751

3. Address: P O BOX 1587

Fax:

City: DENVER State: CO Zip: 80201

5. API Number 05-123-05402-00

6. County: WELD

7. Well Name: SCHMEECKLE

Well Number: 1

8. Location: QtrQtr: SWNW Section: 11 Township: 7N Range: 57W Meridian: 6

Footage at surface: Distance: 2004 feet Direction: FNL Distance: 703 feet Direction: FWL

As Drilled Latitude: 40.590190 As Drilled Longitude: -103.731660

GPS Data:

Date of Measurement: 07/09/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Tim Leibert

** 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: VOLTEN

10. Field Number: 90210

11. Federal, Indian or State Lease Number: 02245344

12. Spud Date: (when the 1st bit hit the dirt) 12/18/1963 13. Date TD: 12/27/1963 14. Date Casing Set or D&A: 06/29/2005

15. Well Classification:

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

16. Total Depth MD 6129 TVD** 17 Plug Back Total Depth MD 6127 TVD**

18. Elevations GR 4650 KB 4660

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:

IES, ML

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	10+1/2	8+5/8	24	158	158	115	0	158	CALC
1ST	7+7/8	5+1/2	15.5	6127	6,127	150	5,150	6,127	CBL

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	
			<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: Schmeeckle

Title: _____ Date: _____ Email: chaco@swbell.net

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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)