

**FORM
5**Rev
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:

400334058

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: 77330

4. Contact Name: Catherine Dickert

2. Name of Operator: SG INTERESTS I LTD

Phone: (970) 385-0696

3. Address: 1485 FLORIDA RD #C202

Fax: (970) 385-0636

City: DURANGO State: CO Zip: 81301

5. API Number 05-051-06107-00

6. County: GUNNISON

7. Well Name: ECK 12-90-1

Well Number: 1

8. Location: QtrQtr: Lot 1 Section: 1 Township: 12S Range: 90W Meridian: 6

Footage at surface: Distance: 452 feet Direction: FNL Distance: 899 feet Direction: FEL

As Drilled Latitude: 39.048120 As Drilled Longitude: -107.390430

GPS Data:

Data of Measurement: 10/10/2012 PDOP Reading: 0.3 GPS Instrument Operator's Name: David Nicewicz

** 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: WEST MUDDY CREEK

10. Field Number: 91970

11. Federal, Indian or State Lease Number: NA

12. Spud Date: (when the 1st bit hit the dirt) 08/17/2012 13. Date TD: 10/03/2012 14. Date Casing Set or D&A: 10/06/2012

15. Well Classification:

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

16. Total Depth MD 4743 TVD** 17 Plug Back Total Depth MD 2673 TVD**

18. Elevations GR 7544 KB 7568

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:

temperature log, Array Induction Imager, Three Detector Lithology Density, Compensated Neutron Log, Gamma Ray, Fullbore Formation Microimager

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	9+5/8	40#	0	415	142	0	418	VISU
2ND	8+1/2	5+1/2	17#	0	4,740	985	110	4,740	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/05/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	2ND	2,673	985	110	4,740

Details of work:

Cemented 1st stage with 410 sacks and 2nd stage with 575 sacks.

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	
WILLIAMS FORK COAL	2,984	3,004	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	3,394	3,447	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	4,298	4,440	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Temperature/CCL Log submitted previously (document # 2055642).

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

Signed: _____ Print Name: Catherine Dickert

Title: Env & Permit Manager Date: _____ Email: cdickert@sginterests.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>					
400334067	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400335987	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400336255	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)