

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:

400308383

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: Nancy Feck

2. Name of Operator: SWEPI LP

Phone: (307) 367-7934

3. Address: 4582 S ULSTER ST PKWY #1400

Fax: (307) 367-4285

City: DENVER State: CO Zip: 80237

5. API Number 05-081-07719-00

6. County: MOFFAT

7. Well Name: Searcy Gulch

Well Number: 1-27

8. Location: QtrQtr: Lot 2 Section: 27 Township: 5N Range: 90W Meridian: 6

Footage at surface: Distance: 1325 feet Direction: FNL Distance: 1860 feet Direction: FEL

As Drilled Latitude: 40.360528 As Drilled Longitude: -107.476933

GPS Data:

Data of Measurement: 05/07/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: B. Hunting (Uintah)

** If directional footage at Top of Prod. Zone Dist.: 1293 feet. Direction: FNL Dist.: 1892 feet. Direction: FEL

Sec: 27 Twp: 5N Rng: 90W

** If directional footage at Bottom Hole Dist.: 1816 feet. Direction: FSL Dist.: 145 feet. Direction: FWL

Sec: 27 Twp: 5N Rng: 90W

9. Field Name: PECK DITCH

10. Field Number: 68230

11. Federal, Indian or State Lease Number: NA

12. Spud Date: (when the 1st bit hit the dirt) 05/24/2012 13. Date TD: 06/21/2012 14. Date Casing Set or D&A: 06/27/2012

15. Well Classification:

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

16. Total Depth MD 7176 TVD** 3361 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6527 KB 6539

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:

Gamma Ray & Resistivity (MD & TVD), Annulus Pressure, Cement Bond, Spectral Gamma Ray, Platform Express, Elemental Capture Spectroscopy

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		0	90	48	0	90	CALC
SURF	13+1/2	10+3/4	40.5	0	802	381	540	802	CBL
1ST	9+7/8	7+5/8	29.7	0	3,221	391	0	3,221	CBL
1ST LINER	6+3/4	5+1/2	17	3005	7,175	0			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/28/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	802	168	0	802

Details of work:

1" job to 234'

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	
MORAPOS	485	666	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,847		<input type="checkbox"/>	<input type="checkbox"/>	Buck Peak top 2847, base 2915; Tow Creek top 3171, base 3262; Wolf Mountain top 3693, base NA.

Comment:

This well is located in the Williams Fork Unit.

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

Signed: _____ Print Name: Nancy Feck

Title: Regulatory Technician Date: _____ Email: n.feck@shell.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400341893	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400333419	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>					
400310721	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400338108	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400338112	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400338113	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400338115	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400341163	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343138	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343139	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343140	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343141	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343144	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400343145	LAS-PLATFORM EXPRESS	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)