

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:

400346748

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) 367-4582

City: DENVER State: CO Zip: 80237

5. API Number 05-081-07731-00

6. County: MOFFAT

7. Well Name: Wood Gulch

Well Number: 1-36

8. Location: QtrQtr: LOT 12 Section: 36 Township: 4N Range: 92W Meridian: 6

Footage at surface: Distance: 531 feet Direction: FNL Distance: 2700 feet Direction: FEL

As Drilled Latitude: 40.281203 As Drilled Longitude: -107.661575

GPS Data:

Data of Measurement: 10/12/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: G.McElroy

** If directional footage at Top of Prod. Zone Dist.: 1070 feet. Direction: FNL Dist.: 2650 feet. Direction: FWL

Sec: 36 Twp: 4N Rng: 92W

** If directional footage at Bottom Hole Dist.: 2770 feet. Direction: FSL Dist.: 2257 feet. Direction: FWL

Sec: 36 Twp: 4N Rng: 92W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 1358.11

12. Spud Date: (when the 1st bit hit the dirt) 08/21/2012 13. Date TD: 08/29/2012 14. Date Casing Set or D&A: 09/05/2012

15. Well Classification:

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

16. Total Depth MD 3856 TVD** 3056 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6570 KB 6584

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:

Elemental Analysis, Spectral Gamma Ray, Platform Express, Gamma Ray & Pressure, Annulus Pressure

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	613	372	0	613	CALC
1ST	9+7/8	7+5/8	17	0	1,738	165	900	1,738	CALC
1ST LINER	6+3/4	5+1/2		1502	3,830	0			

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	
NIOBRARA	1,724	3,453	<input type="checkbox"/>	<input type="checkbox"/>	Buck Pk 1724 top, 1796 base; Tow Ck 2050 top, 2136 base; Wolf Mtn 2215 top, 2361 base, Basal 3381 top, 3453 base.
CARLILE	3,453	3,736	<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	3,736		<input type="checkbox"/>	<input 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: Nancy Feck

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400347742	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400347730	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>					
400346806	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347809	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347810	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347814	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347819	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347820	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)