

**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:

400337943

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 05-051-06106-00

6. County: GUNNISON

7. Well Name: HUGHES 11-90-26

Well Number: 2

8. Location: QtrQtr: Lot 6 Section: 26 Township: 11S Range: 90W Meridian: 6

Footage at surface: Distance: 1642 feet Direction: FSL Distance: 1473 feet Direction: FWL

As Drilled Latitude: 39.068330 As Drilled Longitude: -107.419290

GPS Data:

Data of Measurement: 11/26/2012 PDOP Reading: 0.2 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: BULL MOUNTAIN

10. Field Number: 7815

11. Federal, Indian or State Lease Number: COC67120X

12. Spud Date: (when the 1st bit hit the dirt) 10/07/2012 13. Date TD: 10/17/2012 14. Date Casing Set or D&A: 10/21/2012

15. Well Classification:

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

16. Total Depth MD 4642 TVD** 17 Plug Back Total Depth MD 4530 TVD**

18. Elevations GR 7410 KB 7434

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:

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
CONDUCTOR	26	16	42	0	80	183	0	80	
SURF	12+1/4	9+5/8	40	0	416	160	0	416	
1ST	8+1/2	5+1/2	17	0	4,624	1,383	0	4,624	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	2ND	2,987	1,383	0	4,624

Details of work:

Cemented first stage with 465 sacks and 2nd stage with 918 sacks. Subsequent report of stage, squeeze or remedial cement submitted on Form 4 11/21/2012.

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	2,729	3,342	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	3,342	3,469	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	3,469	3,884	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	4,295	4,437	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	4,437	4,682	<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: 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>					
400337981	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400338553	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400348267	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400348270	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400350349	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)