

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:

400366123

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: 10394

4. Contact Name: Angie Galvan

2. Name of Operator: CONDOR ENERGY TECHNOLOGY LLC

Phone: (281) 716-5730

3. Address: 3315 HIGHWAY 50

Fax: (281) 815-2882

City: SILVER SPRINGS State: NV Zip: 89429

5. API Number 05-123-36243-00

6. County: WELD

7. Well Name: Waves

Well Number: 1H

8. Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 230 feet Direction: FSL Distance: 330 feet Direction: FWL

As Drilled Latitude: 40.554040 As Drilled Longitude: -104.554040

GPS Data:

Date of Measurement: 12/21/2012 PDOP Reading: 4.8 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 1050 feet. Direction: FSL Dist.: 710 feet. Direction: FWL

Sec: 23 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 682 feet. Direction: FNL Dist.: 2178 feet. Direction: FEL

Sec: 23 Twp: 7N Rng: 60W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/19/2012 13. Date TD: 11/30/2012 14. Date Casing Set or D&A: 11/23/2012

15. Well Classification:

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

16. Total Depth MD 11114 TVD** 6200 17 Plug Back Total Depth MD 11114 TVD** 6200

18. Elevations GR 4905 KB 4917

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:

LWD and CBL

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	13+1/2	9+5/8	36	0	0	680	0	996	CBL
1ST	8+3/4	7	26	0	0	430	1,000	6,765	CBL
1ST LINER	6+1/8	4+1/2	11.6	6699					CALC

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	
SHARON SPRINGS	6,053	6,242	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,242		<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: Angie GalvanTitle: Regulatory Analyst

Date: _____

Email: Angie.Galvan@stxra.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400367781	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400366264	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>					
400366263	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366917	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366991	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

--	--	--

Total: 0 comment(s)