

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:

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  
2. Name of Operator: CONDOR ENERGY TECHNOLOGY LLC  
3. Address: 3315 HIGHWAY 50  
City: SILVER SPRINGS State: NV Zip: 89429  
4. Contact Name: Angie Galvan  
Phone: (281) 716-5730  
Fax: (281) 815-2882

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 Galvan

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: Angie.Galvan@stxra.com

**Attachment Check List**

| Att Doc Num                        | Document Name         | attached ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
| 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"/> |
| <b><u>Other Attachments</u></b>    |                       |   |  |
| 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**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)