

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:

400366105

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 05-123-36316-00

6. County: WELD

7. Well Name: LOGAN

Well Number: 2H

8. Location: QtrQtr: SWSE Section: 19 Township: 7N Range: 59W Meridian: 6

Footage at surface: Distance: 330 feet Direction: FSL Distance: 1745 feet Direction: FEL

As Drilled Latitude: 40.554310 As Drilled Longitude: -104.018790

GPS Data:

Date of Measurement: 01/10/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 675 feet. Direction: FSL Dist.: 1285 feet. Direction: FEL

Sec: 19 Twp: 7N Rng: 59W

** If directional footage at Bottom Hole Dist.: 643 feet. Direction: FNL Dist.: 1657 feet. Direction: FEL

Sec: 20 Twp: 7N Rng: 59W

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) 11/30/2012 13. Date TD: 12/12/2012 14. Date Casing Set or D&A: 12/02/2012

15. Well Classification:

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

16. Total Depth MD 12911 TVD** 6111 17 Plug Back Total Depth MD 12911 TVD** 6111

18. Elevations GR 4935 KB 4947

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	12+1/4	9+5/8	36	0	0	670	0	997	CBL
1ST	8+3/4	7	23	0	0	570	1,000	6,560	CBL
1ST LINER	6+1/8	4+1/2	11.6	6393					

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	5,988	6,144	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,144		<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>					
400367788	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400366903	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>					
400366220	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366900	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366910	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400367802	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)