

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:

400359238

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) 367-4285
 City: DENVER State: CO Zip: 80237

5. API Number 05-107-06242-00 6. County: ROUTT
 7. Well Name: Dawson Creek Well Number: 1-25
 8. Location: QtrQtr: SENW Section: 25 Township: 6N Range: 88W Meridian: 6
 Footage at surface: Distance: 2032 feet Direction: FNL Distance: 1639 feet Direction: FWL
 As Drilled Latitude: 40.450486 As Drilled Longitude: -107.213367

GPS Data:
Data of Measurement: 09/26/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: B.Hunting

** If directional footage at Top of Prod. Zone Dist.: 2455 feet. Direction: FNL Dist.: 935 feet. Direction: FWL
Sec: 25 Twp: 6N Rng: 88W

** If directional footage at Bottom Hole Dist.: 1728 feet. Direction: FSL Dist.: 878 feet. Direction: FEL
Sec: 26 Twp: 6N Rng: 88W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: 8603.5 &

12. Spud Date: (when the 1st bit hit the dirt) 10/07/2012 13. Date TD: 10/27/2012 14. Date Casing Set or D&A: 10/16/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9233 TVD** 8112 17 Plug Back Total Depth MD 9233 TVD** 8112

18. Elevations GR 6658 KB 6674 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 Collection, Spectral Gamma, Platform Express, Compensated Neutron/Litho Density Array Induction, GR,SP (10/15/12 & 10/25/12), Cement Volume(10/15/12 & 10/26/12), Microlog, General Purpose Inclination Tool Directional Survey MD, Hostile Natural Gamma Spectroscopy, Array Induction Log, Platform Express Compensated Neutron Log & Triple Lithodensity Log, DEQL, Isolation Scanner (aka 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
CONDUCTOR	30	20		0	90	48	0	90	
SURF	13+1/2	10+3/4	40.5	0	1,618	830	0	1,400	
1ST	9+7/8	7+5/8	17	0	6,168	743	1,400	6,168	
1ST LINER	6+3/4	5+1/2		0	9,263				

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	
WILLIAMS FORK	2,548	3,348	<input type="checkbox"/>	<input type="checkbox"/>	
ILES	3,348	4,568	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	4,568	9,142	<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	5,592	5,960	<input type="checkbox"/>	<input type="checkbox"/>	This formation is within the Mancos
NIOBRARA	9,142	9,243	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

An Isolation Scanner Log was run for this well, and was uploaded through the Well Log uploading site. This log is the equivalent of a CBL. It is used with lighter weight cement.

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: Regulatory Technician

Date:

Email: N.Feck@shell.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400365372	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400369919	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"/>
400375590	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400375510	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375534	LAS-REPEAT FORMATION TEST	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375551	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375556	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375561	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375581	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375584	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375589	DIRECTIONAL DATA	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)