

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:

400361675

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: 10421 4. Contact Name: Duncan Shepherd
2. Name of Operator: PETROLEUM RESOURCE MANAGEMENT CORP. Phone: (303) 861-9480
3. Address: 1580 LINCOLN ST., STE 635 Fax: (303) 861-7362
City: DENVER State: CO Zip: 80203

5. API Number 05-081-07750-00 6. County: MOFFAT
7. Well Name: Sheehan 2 Well Number: #4-2
8. Location: QtrQtr: TR 37 Section: 2 Township: 10N Range: 89W Meridian: 6
Footage at surface: Distance: 2082 feet Direction: FNL Distance: 350 feet Direction: FEL
As Drilled Latitude: 40.852625 As Drilled Longitude: -107.336557

GPS Data:

Data of Measurement: 05/12/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Dan Siek

** 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: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/04/2012 13. Date TD: 11/18/2012 14. Date Casing Set or D&A: 11/21/2012

15. Well Classification:

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

16. Total Depth MD 7100 TVD** 7090 17 Plug Back Total Depth MD 5940 TVD** 5934

18. Elevations GR 8266 KB 8280

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:

Induction, sonic, and GR-SP

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	17+1/2	13+3/8	48	0	450	330	0	450	VISU
SURF	12+1/4	9+5/8	32	0	980	270	0	980	VISU
1ST	8+3/4	7	29	0	5,940	350	0	5,940	VISU

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	
FORT UNION	219		<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	1,428		<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	2,756		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,144		<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: Rick Obernolte

Title: Agent for PRM Date: _____ Email: rickobe1@aol.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400391967	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400391966	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

--	--	--

Total: 0 comment(s)