

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:

03/15/2013

## 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:

Date 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&amp;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	315	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: 3/15/2013 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>					
400361675	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400391966	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Oper. has submitted APD for deepening of this well. CBL and as built will be provided with final form 5.	3/18/2013 8:19:54 AM

Total: 1 comment(s)