

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:  
400410453

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  
2. Name of Operator: SWEPI LP  
3. Address: 4582 S ULSTER ST PKWY #1400  
City: DENVER State: CO Zip: 80237  
4. Contact Name: Anne Baldrige  
Phone: (303) 305-7555  
Fax:

5. API Number 05-081-07757-00  
6. County: MOFFAT  
7. Well Name: Herring Draw Well Number: 5-33  
8. Location: QtrQtr: LOT 4 Section: 33 Township: 5N Range: 90W Meridian: 6  
Footage at surface: Distance: 1205 feet Direction: FNL Distance: 1012 feet Direction: FWL  
As Drilled Latitude: 40.345769 As Drilled Longitude: -107.505606

GPS Data:

Data of Measurement: 01/23/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: G.McElroy

\*\* If directional footage at Top of Prod. Zone Dist.: 1900 feet. Direction: FNL Dist.: 1277 feet. Direction: FWL

Sec: 33 Twp: 5N Rng: 90W

\*\* If directional footage at Bottom Hole Dist.: 405 feet. Direction: FSL Dist.: 778 feet. Direction: FEL

Sec: 32 Twp: 5N Rng: 90W

9. Field Name: WADDLE CREEK 10. Field Number: 90450

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/21/2013 13. Date TD: 03/31/2013 14. Date Casing Set or D&A: 04/01/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6570 TVD\*\* 2765 17 Plug Back Total Depth MD 6570 TVD\*\* 2765

18. Elevations GR 6800 KB 6815

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:

Gamma Ray & Resistivity, PWD Annulus Pressure logs, CBL  
Hard copy logs submitted as pdf attachments to this Form 5.

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	CALC
SURF	13+1/2	10+3/4	40.5	0	700	388	0	700	CALC
1ST	9+7/8	7+5/8	33.7	0	2,803	344	0	2,803	CBL
1ST LINER	6+3/4	5+1/2	17	2569	6,570				

**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	
MANCOS	0	2,867	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,867		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TD called early due to losses.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Anne Baldrige

Title: Swan Regulatory Lead Date: \_\_\_\_\_ Email: A.baldrige@shell.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400410604	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400410455	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"/>
400425898	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400410457	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410458	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410459	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410460	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400410462	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)