

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:

400405578

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: Anne Baldrige

2. Name of Operator: SWEPI LP

Phone: (303) 305-7555

3. Address: 4582 S ULSTER ST PKWY #1400

Fax:

City: DENVER State: CO Zip: 80237

5. API Number 05-081-07759-00

6. County: MOFFAT

7. Well Name: Herring Draw

Well Number: 3-33

8. Location: QtrQtr: LOT 4 Section: 33 Township: 5N Range: 90W Meridian: 6

Footage at surface: Distance: 1188 feet Direction: FNL Distance: 1016 feet Direction: FWL

As Drilled Latitude: 40.345814 As Drilled Longitude: -107.505589

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.: 1460 feet. Direction: FNL Dist.: 526 feet. Direction: FWL

Sec: 33 Twp: 5N Rng: 90W

** If directional footage at Bottom Hole Dist.: 1440 feet. Direction: FSL Dist.: 2325 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) 03/05/2013 13. Date TD: 03/15/2013 14. Date Casing Set or D&A: 03/18/2013

15. Well Classification:

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

16. Total Depth MD 6575 TVD** 2539 17 Plug Back Total Depth MD 6575 TVD** 2539

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, Isolation Scanner

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	489	0	700	CALC
1ST	9+7/8	7+5/8	33.7	0	2,781	336	0	2,781	CBL
1ST LINER	6+3/4	5+1/2	17	2556	6,575				

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	2,932	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,932		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As-Drilled Survey readings were done with conductor casing and pre-date the spud.

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 ?
<u>Attachment Checklist</u>		
400416694	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400405610	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"/>
400436834	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400405609	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405630	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405631	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405633	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405635	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405636	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405637	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405638	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400405642	LAS-MUD	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)