

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



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Document Number:

400424226

Date Received:

07/09/2013

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: 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 05-081-07768-00 6. County: MOFFAT
 7. Well Name: Deal Gulch Well Number: 4-16
 8. Location: QtrQtr: SWNE Section: 16 Township: 5N Range: 90W Meridian: 6
 Footage at surface: Distance: 2073 feet Direction: FNL Distance: 2505 feet Direction: FEL
 As Drilled Latitude: 40.388231 As Drilled Longitude: -107.498450

GPS Data:
Data of Measurement: 02/28/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: J.G. Gonzales

** If directional footage at Top of Prod. Zone Dist.: 2367 feet. Direction: FNL Dist.: 2782 feet. Direction: FEL
 Sec: 16 Twp: 5N Rng: 90W
 ** If directional footage at Bottom Hole Dist.: 877 feet. Direction: FNL Dist.: 723 feet. Direction: FEL
 Sec: 16 Twp: 5N Rng: 90W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: 8471.5

12. Spud Date: (when the 1st bit hit the dirt) 03/28/2013 13. Date TD: 04/12/2013 14. Date Casing Set or D&A: 04/16/2013

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

16. Total Depth MD 7451 TVD** 5495 17 Plug Back Total Depth MD 7451 TVD** 5495

18. Elevations GR 7207 KB 7235 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:
 Int: Spectra Gamma Ray/PEX/ECS, Isolation Scanner, note: logging tool stuck at 2443 ft, not run the rest of INT.
 Prod: Pipe Conveyed CMI (Compact Micro Imager)
 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	1,600	730	0	1,600	CALC
1ST	9+7/8	7+5/8	33.7	0	4,374	373	2,400	4,374	CBL
1ST LINER	6+3/4	5+1/2	17	4164	7,451				

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	
MESAVERDE	0	1,170	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	1,170	4,470	<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	2,124	2,321	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	4,470		<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: Anne Baldrige

Title: Swan Regulatory Lead Date: 7/9/2013 Email: A.baldrige@shell.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2157165	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400424267	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"/>
400427877	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400424226	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400424270	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400424271	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400424273	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400424275	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400424277	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400424283	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445065	PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445073	PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Surf. cmt. summ. attached.	7/18/2013 10:09:34 AM
Permit	Isolation scanner attached as PDF in doc #400427889, Req'd surf. cement summary.	7/11/2013 4:09:51 PM

Total: 2 comment(s)