

Document Number:  
400446148

Date Received:  
07/12/2013

**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: 200184 4. Contact Name: Jeff Reale  
 2. Name of Operator: TRILOGY RESOURCES LLC Phone: (970) 669-3318  
 3. Address: 5441 BOEING DRIVE #100 Fax: (970) 667-0046  
 City: LOVELAND State: CO Zip: 80538

5. API Number 05-123-36547-00 6. County: WELD  
 7. Well Name: Wind Well Number: 17-11  
 8. Location: QtrQtr: SENW Section: 17 Township: 4N Range: 67W Meridian: 6  
 Footage at surface: Distance: 1456 feet Direction: FNL Distance: 1511 feet Direction: FWL  
 As Drilled Latitude: 40.316340 As Drilled Longitude: -104.918170

GPS Data:  
 Date of Measurement: 06/10/2013 PDOP Reading: 2.3 GPS Instrument Operator's Name: C.V.M.

\*\* If directional footage at Top of Prod. Zone Dist.: 839 feet. Direction: FNL Dist.: 921 feet. Direction: FWL  
 Sec: 17 Twp: 4N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 839 feet. Direction: FNL Dist.: 921 feet. Direction: FWL  
 Sec: 17 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG 10. Field Number: 90750  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 04/15/2013 13. Date TD: 04/19/2013 14. Date Casing Set or D&A: 04/20/2013

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

16. Total Depth MD 7496 TVD\*\* 7307 17 Plug Back Total Depth MD 7440 TVD\*\* 7251

18. Elevations GR 4794 KB 4808  
 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:  
 Cement bond log,  Commingled open hole log

20. Casing, Liner and Cement:

<b>CASING</b>									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	4	0	689	450	0	689	VISU
1ST	7+7/8	4+1/2	11.6	0	7,454	540	2,590	7,454	CBL

**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	
PARKMAN	3,582	3,481	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,207	4,061	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,688	4,521	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,013	6,825	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,316	7,128	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,338	7,150	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,390	7,202	<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: Jeff Reale

Title: Manager Date: 7/12/2013 Email: jeff@mistymountainop.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400446151	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400446764	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400446148	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400446150	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400446152	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400446154	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400446266	LAS-COMBINATION OPEN HOLE	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)