

**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:

400463887

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: 95620

4. Contact Name: Fabrianna Venaducci

2. Name of Operator: WESTERN OPERATING COMPANY

Phone: (303) 2790789

3. Address: 518 17TH ST STE 200

Fax: (303) 2791124

City: DENVER State: CO Zip: 80202

5. API Number 05-075-09204-00

6. County: LOGAN

7. Well Name: Propst

Well Number: 1

8. Location: QtrQtr: SWSW Section: 26 Township: 11N Range: 53W Meridian: 6

Footage at surface: Distance: 720 feet Direction: FSL Distance: 600 feet Direction: FWL

As Drilled Latitude: 40.893110 As Drilled Longitude: -103.264810

GPS Data:

Date of Measurement: 07/02/2006 PDOP Reading: 1.9 GPS Instrument Operator's Name: L. ROBBINS

** 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: BONANZA-NORTH

10. Field Number: 7167

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/19/1989 13. Date TD: 11/23/1989 14. Date Casing Set or D&A: 11/16/1989

15. Well Classification:

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

16. Total Depth MD 5363 TVD** 17 Plug Back Total Depth MD 5320 TVD**

18. Elevations GR 4480 KB 4490

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, DENSITY, CBL

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
SURF	12+1/4	10+3/4	24	0	261	160	0	261	CBL
1ST	8+5/8	5+1/2	15.5	5361	5,361	150	4,450	5,361	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	
NIOBRARA	4,315		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	4,684		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,874		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	5,042		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,136		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,257		<input checked="" 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: FABRIANNA VENADUCCI

Title: CONTRACT LANDMAN Date: _____ Email: FABRIANNA@JAMESKARO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)