

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:

400465352

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: 200184

4. Contact Name: Jeff Reale

2. Name of Operator: TRILOGY RESOURCES LLC

Phone: (970) 663-1448

3. Address: 5441 BOEING DRIVE #100

Fax: (970) 667-0046

City: LOVELAND State: CO Zip: 80538

5. API Number 05-123-36436-00

6. County: WELD

7. Well Name: Wind

Well Number: 17-13

8. Location: QtrQtr: SESW Section: 17 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 578 feet Direction: FSL Distance: 1790 feet Direction: FWL

As Drilled Latitude: 40.307380 As Drilled Longitude: -104.916680

GPS Data:

Date of Measurement: 06/10/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: C.V.M.

** If directional footage at Top of Prod. Zone Dist.: 1992 feet. Direction: FNL Dist.: 536 feet. Direction: FWL

Sec: 17 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1992 feet. Direction: FNL Dist.: 536 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) 05/08/2013 13. Date TD: 05/11/2013 14. Date Casing Set or D&A: 05/12/2013

15. Well Classification:

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

16. Total Depth MD 7715 TVD** 7366 17 Plug Back Total Depth MD 7690 TVD** 7341

18. Elevations GR 4840 KB 4854

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:

commingled open hole logs, cement bond log

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	8+5/8	4	0	689	450	0	689	VISU
1ST	7+7/8	4+1/2	11.6	0	7,704	600	2,690	7,704	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	3,734	3,513	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,374	4,106	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,864	4,561	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,220	6,871	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,520	7,171	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,541	7,192	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,593	7,247	<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: _____ Email: jeff@mistymountainop.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400465370	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400465369	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"/>
400467829	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400465360	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400465362	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400465364	DIRECTIONAL DATA	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)