

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:

400467138

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: 10394 4. Contact Name: Angie Galvan
 2. Name of Operator: CONDOR ENERGY TECHNOLOGY LLC Phone: (281) 716-5730
 3. Address: 3315 HIGHWAY 50 Fax: (281) 815-2882
 City: SILVER SPRINGS State: NV Zip: 89429

5. API Number 05-087-08172-00 6. County: MORGAN
 7. Well Name: Wickstrom 18 Well Number: 2H
 8. Location: QtrQtr: NENW Section: 18 Township: 6N Range: 60W Meridian: 6
 Footage at surface: Distance: 285 feet Direction: FNL Distance: 1600 feet Direction: FWL
 As Drilled Latitude: 40.494870 As Drilled Longitude: -104.141680

GPS Data:

Date of Measurement: 07/23/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 285 feet. Direction: FNL Dist.: 1600 feet. Direction: FWL
Sec: 18 Twp: 6N Rng: 60W

** If directional footage at Bottom Hole Dist.: 1608 feet. Direction: FSL Dist.: 1087 feet. Direction: FWL
Sec: 19 Twp: 6N Rng: 60W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/30/2013 13. Date TD: 08/12/2013 14. Date Casing Set or D&A: 07/19/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 14695 TVD** 6088 17 Plug Back Total Depth MD 14695 TVD** 6088

18. Elevations GR 4700 KB 4719

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:

CBL, MWD

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	9+5/8	36	0	1,736	1,120	0	1,736	
1ST	8+3/4	7	26	0	6,101	1,030	0	6,101	
1ST LINER	6+1/8	4+1/2	11.6	6276	14,695				

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	
SHARON SPRINGS	5,888	6,088	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,088		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The hard copies to the logs will be mailed to the COGCC when copies are received.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Angie Galvan

Title: Regulatory Analyst Date: _____ Email: Angie.Galvan@stxra.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400468479	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400468477	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"/>
400468480	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400468474	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468764	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400468765	PDF-CEMENT BOND	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)