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Document Number:
 400498883

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: 10388 4. Contact Name: Justin Matthews
 2. Name of Operator: SWIFT ENERGY OPERATING LLC Phone: (281) 423-0414
 3. Address: 16825 NORTHCHASE DRIVE #400 Fax: (281) 423-0010
 City: HOUSTON State: TX Zip: 77060

5. API Number 05-067-09897-00 6. County: LA PLATA
 7. Well Name: Waters 34-12-32 Well Number: 1P
 8. Location: QtrQtr: SWNW Section: 32 Township: 34N Range: 12W Meridian: M
 Footage at surface: Distance: 1399 feet Direction: FNL Distance: 235 feet Direction: FWL
 As Drilled Latitude: 37.151270 As Drilled Longitude: -108.181750

GPS Data:
 Date of Measurement: 04/24/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Scott Weibe

** If directional footage at Top of Prod. Zone Dist.: 1399 feet. Direction: FNL Dist.: 235 feet. Direction: FWL
 Sec: 32 Twp: 34N Rng: 12W
 ** If directional footage at Bottom Hole Dist.: 1399 feet. Direction: FNL Dist.: 235 feet. Direction: FWL
 Sec: 32 Twp: 34N Rng: 12W

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) 08/17/2013 13. Date TD: 11/18/2013 14. Date Casing Set or D&A: 09/22/2013

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

16. Total Depth MD 3500 TVD** 3500 17 Plug Back Total Depth MD 1410 TVD** 1410

18. Elevations GR 6907 KB 6922 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:

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	17+1/2	13+3/8		0	612	537	0	612	
1ST	12+1/4	9+5/8		0	1,410	300	0	1,410	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/22/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	OPEN HOLE	2,000	335	1,300	2,000
NON CEMENT SQUEEZE	OPEN HOLE	3,120	57	3,120	3,120

Details of work:

See attached cement reports.

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	
MENEFEE-POINT LOOKOUT	263		<input type="checkbox"/>	<input type="checkbox"/>	
POINT LOOKOUT	740		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	1,060		<input type="checkbox"/>	<input checked="" type="checkbox"/>	120' core, full recovery from 2166'-2286' MD
SMOKY HILL	2,201		<input type="checkbox"/>	<input checked="" type="checkbox"/>	52' core, partial recovery from 2396'-2456 MD
GREENHORN	2,910		<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	2,954		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,050		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	3,256		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Form 5 for Pilot Hole only. Form 5 for Lateral will be submitted at a later time.

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

Signed: _____ Print Name: Justin Matthews

Title: Sr. Landman Date: _____ Email: justin.matthews@swiftenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400499468	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400499500	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"/>
Other Attachments			
400499435	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400499472	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)