

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:

400446324

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: 10414

4. Contact Name: Melissa Lasley

2. Name of Operator: CASCADE PETROLEUM LLC

Phone: (303) 407-6500

3. Address: 1331 17TH STREET #400

Fax: (407) 6501

City: DENVER State: CO Zip: 80202

5. API Number 05-073-06498-00

6. County: LINCOLN

7. Well Name: MONKS

Well Number: A11-9S-56W-01

8. Location: QtrQtr: SESE Section: 11 Township: 9S Range: 56W Meridian: 6

Footage at surface: Distance: 750 feet Direction: FSL Distance: 750 feet Direction: FEL

As Drilled Latitude: 39.274920 As Drilled Longitude: -103.624160

GPS Data:

Date of Measurement: 07/05/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Robert J. Rubino

** 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/25/2013 13. Date TD: 05/06/2013 14. Date Casing Set or D&A: 05/14/2013

15. Well Classification:

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

16. Total Depth MD 8677 TVD** 17 Plug Back Total Depth MD 8474 TVD**

18. Elevations GR 5402 KB 5419

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, Neutron Density, Resistivity, ADT*, Sonic*, CMR*, HNGS*

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	13+1/2	9+5/8	36	0	504	175	0	504	CALC
1ST	7+7/8	5+1/2	17	0	8,565	856	3,770	8,565	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	3,675	4,100	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	4,632	4,697	<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,868	6,082	<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	6,249	6,758	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	6,876	7,126	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	7,126	7,524	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,524	7,601	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,635	7,857	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,857	8,220	<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: Melissa Lasley

Title: Engineering Technician Date: 7/12/2013 Email: mlasley@cascadepetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400446714	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2518635	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446324	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446449	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400446709	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached requested log.	10/9/2013 6:57:37 AM
Permit	Requested log again.	10/8/2013 12:15:16 PM
Permit	Waiting on hard copy or PDF for the triple combo.	7/15/2013 6:47:34 AM

Total: 3 comment(s)