

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:

400439985

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) 407-6518

3. Address: 1331 17TH STREET #400

Fax: (303) 407-6501

City: DENVER State: CO Zip: 80202

5. API Number 05-073-06501-00

6. County: LINCOLN

7. Well Name: STATE

Well Number: 16-11S-55W-02

8. Location: QtrQtr: SWSW Section: 16 Township: 11S Range: 55W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FWL

As Drilled Latitude: 39.084950 As Drilled Longitude: -103.569640

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: 9373.7

12. Spud Date: (when the 1st bit hit the dirt) 02/25/2013 13. Date TD: 03/06/2013 14. Date Casing Set or D&A: 03/10/2013

15. Well Classification:

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

16. Total Depth MD 8173 TVD** 17 Plug Back Total Depth MD 8062 TVD**

18. Elevations GR 5314 KB 5331

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*, ECS*, 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 | 12+1/2 | 9+5/8 | 36 | 0 | 518 | 175 | 0 | 518 | CALC |
| 1ST | 7+7/8 | 5+1/2 | 17 | 0 | 8,158 | 627 | 3,900 | 8,158 | 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 | 3,029 | 3,476 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 3,476 | 3,555 | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 3,696 | 3,913 | <input type="checkbox"/> | <input type="checkbox"/> | |
| D SAND | 4,034 | 4,124 | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 4,124 | 4,198 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CEDAR HILLS | 5,262 | 5,475 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WOLFCAMP | 5,632 | 6,068 | <input type="checkbox"/> | <input type="checkbox"/> | |
| LANSING | 6,606 | 6,932 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MARMATON | 6,932 | 7,021 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CHEROKEE | 7,061 | 7,186 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ATOKA | 7,258 | 7,647 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MORROW | 7,647 | 7,902 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SPERGEN | 7,902 | 8,010 | <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> | | | |
| 400445358 | 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> | | | |
| 400439985 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445104 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445105 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445110 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445111 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400445114 | 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> |
|-------------------|--|-------------------------|
| Engineer | Referred to area engineer to verify cement coverage per the COA. | 9/19/2013 1:43:52 PM |

Total: 1 comment(s)