

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:

1926161

Date Received:

11/13/2007

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: 18795

4. Contact Name: STEPHANIE CLASEN

2. Name of Operator: COLTON LIMITED LIABILITY CO

Phone: (303) 297-0347

3. Address: 621 17TH ST - SUITE 1520

Fax: (303) 297-9075

City: DENVER State: CO Zip: 80293

5. API Number 05-123-25130-00

6. County: WELD

7. Well Name: WERNING

Well Number: 1-3B

8. Location: QtrQtr: SWNE Section: 3 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 1637 feet Direction: FNL Distance: 1691 feet Direction: FEL

As Drilled Latitude: 40.344280 As Drilled Longitude: -104.759990

GPS Data:

Data of Measurement: 10/17/2007 PDOP Reading: 2.8 GPS Instrument Operator's Name: JEFF RHOTEN

** If directional footage at Top of Prod. Zone Dist.: 2194 feet. Direction: FNL Dist.: 2301 feet. Direction: FEL

Sec: 3 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2206 feet. Direction: FNL Dist.: 2304 feet. Direction: FEL

Sec: 3 Twp: 4N Rng: 68W

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) 06/11/2007 13. Date TD: 06/16/2007 14. Date Casing Set or D&A: 06/17/2007

15. Well Classification:

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

16. Total Depth MD 7454 TVD** 7367 17 Plug Back Total Depth MD 7434 TVD** 7347

18. Elevations GR 4692 KB 4702

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:

CDL/CNL/DIL, CBL

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		0	414	240	0	414	CALC
1ST	12+1/4	4+1/2		0	7,427	545	3,422	7,427	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	
PIERRE	1,297		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,598		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,287		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,767		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,868		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,257		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,279		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y _____ Print Name: STEPHANIE CLASEN _____

Title: OFC MGR Date: 11/12/2007 Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1838570	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)