

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:

400508638

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: 10373

4. Contact Name: DOKE CLAY

2. Name of Operator: HIGH SIERRA WATER SERVICES LLC

Phone: (720) 420-5700

3. Address: 3773 CHERRY CRK NORTH DR #1000

Fax: (720) 420-5800

City: DENVER State: CO Zip: 80209

5. API Number 05-123-34520-00

6. County: WELD

7. Well Name: SWD

Well Number: C7B

8. Location: QtrQtr: SESE Section: 34 Township: 7N Range: 63W Meridian: 6

Footage at surface: Distance: 429 feet Direction: FSL Distance: 431 feet Direction: FEL

As Drilled Latitude: 40.524140 As Drilled Longitude: -104.414370

GPS Data:

Data of Measurement: 12/02/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: TONY FENDICK

** If directional footage at Top of Prod. Zone Dist.: 2473 feet. Direction: FSL Dist.: 214 feet. Direction: FEL

Sec: 34 Twp: 7N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2473 feet. Direction: FSL Dist.: 214 feet. Direction: FEL

Sec: 34 Twp: 7N Rng: 63W

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) 10/02/2013 13. Date TD: 10/30/2013 14. Date Casing Set or D&A: 10/31/2013

15. Well Classification:

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

16. Total Depth MD 10164 TVD** 9875 17 Plug Back Total Depth MD 10162 TVD** 9873

18. Elevations GR 4715 KB 4732

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:

RES, DPHZ, NPOR, MUD LOG, 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	9+5/8	36	0	588	191	0	595	VISU
1ST	8+3/4	7	26	0	8,803	978	0	8,810	VISU
1ST LINER	6+1/8	4+1/2	11.6	8740	10,164				

STAGE/TOP OUT/REMEDIAL CEMENTCement work date: 10/23/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	7,131	978	0	8,810

Details of work:

PLEASE SEE ATTACHED CEMENT REPORT

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	6,640		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,928		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,976		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,988		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,476		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	7,602		<input type="checkbox"/>	<input type="checkbox"/>	
LYTLE	7,750		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,830		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	8,093		<input type="checkbox"/>	<input type="checkbox"/>	
LYKINS	8,214		<input type="checkbox"/>	<input type="checkbox"/>	
FORELLE	8,573		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	8,760		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,810		<input type="checkbox"/>	<input type="checkbox"/>	
LOWER SATANKA	8,965		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	9,146		<input type="checkbox"/>	<input type="checkbox"/>	
AMAZON	9,231		<input type="checkbox"/>	<input type="checkbox"/>	
COUNCIL GROVE	9,274		<input type="checkbox"/>	<input type="checkbox"/>	
Admire	9,456		<input type="checkbox"/>	<input type="checkbox"/>	
VIRGIL	9,502		<input type="checkbox"/>	<input type="checkbox"/>	
MISSOURI	9,715		<input type="checkbox"/>	<input type="checkbox"/>	
FOUNTAIN	9,824		<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: Clay DokeTitle: Senior Engineer

Date: _____

Email: cdoke@iptengineers.com

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"/>
400529217	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"/>
<u>Other Attachments</u>			
400528273	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530974	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530977	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530979	PDF-MUD	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)