

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:

2431320

Date Received:

11/04/2013

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: 95620

4. Contact Name: STEVE D. JAMES

2. Name of Operator: WESTERN OPERATING COMPANY

Phone: (303) 893-2432

3. Address: 518 17TH ST STE 200

Fax: (303) 629-5735

City: DENVER State: CO Zip: 80202

5. API Number 05-073-06485-00

6. County: LINCOLN

7. Well Name: CULLEN BOYERO

Well Number: 1-30

8. Location: QtrQtr: NWNE Section: 30 Township: 12S Range: 52W Meridian: 6

Footage at surface: Distance: 1200 feet Direction: FNL Distance: 1885 feet Direction: FEL

As Drilled Latitude: 38.976810 As Drilled Longitude: -103.262880

GPS Data:

Date of Measurement: 04/16/2013 PDOP Reading: 2.9 GPS Instrument Operator's Name: ELIJAH FRANE

** 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) 12/05/2013 13. Date TD: 12/16/2013 14. Date Casing Set or D&A: 12/17/2013

15. Well Classification:

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

16. Total Depth MD 6765 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4810 KB 4823

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:

NEUTRON-DENSITY, INDUCTION, 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	461	285	0	461	
1ST	7+7/8	5+1/2		0	6,763	320	5,550	6,761	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	1,766	2,178	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,765	2,804	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	4,159	4,176	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	5,271		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	5,764	5,885	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	5,885		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ATOKA	6,152		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	6,436		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	6,659		<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: STEVEN D. JAMES

Title: PRESIDENT Date: 10/26/2013 Email: S.D.JAMES@ATT.NET

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2518766	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"/>
2431318	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2431320	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Changed TOC from 5022' to 5550' per operator (Dale Hart)	1/14/2014 4:47:09 PM
Permit	Attached job summary cement ticket.	11/20/2013 10:29:05 AM
Permit	Requested surface casing cement ticket.	11/15/2013 8:46:49 AM

Total: 3 comment(s)