

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:

400561452

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: 10328

4. Contact Name: Tyson Foutz

2. Name of Operator: SOUTHWESTERN ENERGY VENTURES COMPANY

Phone: (505) 3206275

3. Address: PO BOX 1056

Fax: (970) 4031129

City: BAYFIELD State: CO Zip: 81122

5. API Number 05-077-10161-00

6. County: MESA

7. Well Name: Thomas

Well Number: 5

8. Location: QtrQtr: 20 Section: 4 Township: 9S Range: 104W Meridian: 6

Footage at surface: Distance: 3173 feet Direction: FSL Distance: 847 feet Direction: FEL

As Drilled Latitude: 39.305590 As Drilled Longitude: -108.997270

## GPS Data:

Date of Measurement: 02/27/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: D. Jenkins

\*\* 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: BAR X

10. Field Number: 5470

11. Federal, Indian or State Lease Number: COC65155

12. Spud Date: (when the 1st bit hit the dirt) 03/04/2012 13. Date TD: 03/10/2012 14. Date Casing Set or D&amp;A: 03/11/2012

## 15. Well Classification:

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

16. Total Depth MD 3150 TVD\*\* 17 Plug Back Total Depth MD 3055 TVD\*\*

18. Elevations GR 4938 KB 4948

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:

Density/Neutron, Caliper, Induction, GR, 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	11	7	23	0	376	159	376	376	VISU
1ST	6+1/8	4+1/2	10.5	0	3,100	107	1,450	3,100	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
DAKOTA	2,127	2,233	<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR MOUNTAIN	2,265	2,332	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	2,332	2,929	<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	2,929		<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: Tyson Foutz

Title: Consultant Date: \_\_\_\_\_ Email: tyson@foutzconsulting.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400564932	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>		
400564860	TIF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400564861	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400564862	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### **General Comments**

<u><b>User Group</b></u>	<u><b>Comment</b></u>	<u><b>Comment Date</b></u>

Total: 0 comment(s)