

FORM
5
Rev
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:
400583522

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: 10474
2. Name of Operator: MENDELL FINISTERRE II LLC
3. Address: 7979 IVANHOE AVENUE #300
City: SAN DIEGO State: CA Zip: 92037
4. Contact Name: PAUL GOTTLÖB
Phone: (720) 420-5747
Fax: (720) 420-5800

5. API Number 05-001-09778-01
6. County: ADAMS
7. Well Name: AFTON
Well Number: 12-16H-4
8. Location: QtrQtr: SESE Section: 12 Township: 1S Range: 68W Meridian: 6
Footage at surface: Distance: 598 feet Direction: FSL Distance: 495 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 707 feet. Direction: FSL Dist.: 492 feet. Direction: FEL
Sec: 12 Twp: 1S Rng: 68W

** If directional footage at Bottom Hole Dist.: 651 feet. Direction: FNL Dist.: 580 feet. Direction: FEL
Sec: 12 Twp: 1S Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/11/2014 13. Date TD: 02/01/2014 14. Date Casing Set or D&A: 02/02/2014

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12296 TVD** 8001 17 Plug Back Total Depth MD 12287 TVD** 8002

18. Elevations GR 5153 KB 5165
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:
1. Radial Cement Bond Variable Density Log w/ Gamma Ray/CCL in pdf.
2. Mud Log in pdf. - Depths: 8653'-12296'
3. Gamma Ray in pdf & las.

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	13+1/2	9+5/8	36	0	1,311	633	0	1,311	VISU
1ST	8+3/4	7+0/0	29	0	8,391	568	1,972	8,391	CALC
1ST LINER	6+1/8	4+1/2	13.5	8170	12,291				

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	
SUSSEX	5,000	7,588	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,588	8,213	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,213	8,301	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,301	12,296	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Sidetrack 1 - departs original hole at 8500' MD (7997' TVD).

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

Signed: _____

Print Name: Clayton Doke

Title: Sr. Petroleum Engineer

Date: _____

Email: clay.doke@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400583719	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400583941	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"/>
Other Attachments			
400583746	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400583924	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584071	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584102	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584478	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584480	LAS-GAMMA RAY	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)