

**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:

400584520

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: 100178

4. Contact Name: Chris Lopez

2. Name of Operator: SIMMONS, INC.\* D. J.

Phone: (505) 326-3753

3. Address: 1009 RIDGEWAY PL STE 200

Fax: (505) 327-4659

City: FARMINGTON State: NM Zip: 87401

5. API Number 05-033-06174-00

6. County: DOLORES

7. Well Name: Pinto

Well Number: 1-7

8. Location: QtrQtr: Lot 11 Section: 7 Township: 39N Range: 19W Meridian: N

Footage at surface: Distance: 2832 feet Direction: FSL Distance: 2840 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.: 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: PAPOOSE CANYON

10. Field Number: 67300

11. Federal, Indian or State Lease Number: COC 38420

12. Spud Date: (when the 1st bit hit the dirt) 10/27/2013 13. Date TD: 11/23/2013 14. Date Casing Set or D&amp;A: 11/26/2013

## 15. Well Classification:

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

16. Total Depth MD 6343 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 6609 KB 6621

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:

Cement Bond Log; Caliper; Gamma Ray; Compensated Neutron; Compensated Density; Induction

## 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
CONDUCTOR	17+1/2	13+3/8	48	0	59	127	0	59	
SURF	12+1/4	8+5/8	36	0	2,110	720	0	2,110	
1ST	7+7/8	5+1/2	17	0	6,341	991	0	6,341	

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,001	991	0	6,341

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	
HONAKER TRAIL	4,530	5,932	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PARADOX	5,932	5,952	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ISMAY	5,952	6,008	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Upper Ismay
HOVENWEEP SHALE	6,008	6,087	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
LOWER ISMAY	6,087	6,143	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
GOTHIC SHALE	6,143	6,199	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
DESERT CREEK	6,199	6,288	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SHALE	6,288	6,302	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shale refers to Chimney Rock Shale (6288-6302).
AKAH SALT	6,302	6,343	<input type="checkbox"/>	<input checked="" 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: Chris S. Lopez

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: clopez@djsimmons.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400584548	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400584541	Core Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400584545	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400584546	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400584531	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400584533	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400584537	JPG-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400584538	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400584542	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)