

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:

400586659

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: 10244

4. Contact Name: Anthony Sayre

2. Name of Operator: BLACK DIAMOND MINERALS LLC

Phone: (713) 4908968

3. Address: 1301 MCKINNEY ST STE 2100

Fax: (303) 346-4893

City: HOUSTON State: TX Zip: 77010

5. API Number 05-045-22155-00

6. County: GARFIELD

7. Well Name: TPR

Well Number: 112-16

8. Location: QtrQtr: SWSE Section: 25 Township: 7S Range: 94W Meridian: 6

Footage at surface: Distance: 603 feet Direction: FSL Distance: 1885 feet Direction: FEL

As Drilled Latitude: 39.404367 As Drilled Longitude: -107.832614

GPS Data:

Data of Measurement: 07/30/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: B. Baker

** If directional footage at Top of Prod. Zone Dist.: 748 feet. Direction: FNL Dist.: 316 feet. Direction: FWL

Sec: 6 Twp: 8S Rng: 93W

** If directional footage at Bottom Hole Dist.: 792 feet. Direction: FNL Dist.: 344 feet. Direction: FWL

Sec: 6 Twp: 8S Rng: 93W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/15/2013 13. Date TD: 10/10/2013 14. Date Casing Set or D&A: 10/13/2013

15. Well Classification:

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

16. Total Depth MD 12072 TVD** 11653 17 Plug Back Total Depth MD 11937 TVD** 11518

18. Elevations GR 9131 KB 9155

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:

No cased hole logs were run. Will run before completions take place.

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 | 24+0/10 | 18+0/10 | 32 | 0 | 109 | | 0 | 109 | VISU |
| SURF | 14+3/4 | 9+5/8 | 36 | 0 | 2,313 | 1,085 | 0 | 2,313 | VISU |
| 1ST | 8+3/4 | 7+0/0 | 26 | 0 | 12,027 | 590 | 0 | 12,027 | CALC |

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 | |
| OHIO CREEK | 7,490 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 7,990 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 11,670 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORCORAN | 11,885 | | <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: Mary C. GriggsTitle: Reg Compliance Manager Date: _____ Email: mgriggs@bdminerals.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400587198 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400587172 | 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 type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400587202 | Other | 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)