

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:

400593263

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: 10460

4. Contact Name: Randy Wheat

2. Name of Operator: HIGH PLAINS ENERGY LLC

Phone: (720) 480-7776

3. Address: 4545 S MONACO STREET #116

Fax: (720) 920-9087

City: DENVER State: CO Zip: 80237

5. API Number 05-121-11019-00

6. County: WASHINGTON

7. Well Name: State Hone

Well Number: 16-1

8. Location: QtrQtr: SWNW Section: 16 Township: 2S Range: 55W Meridian: 6

Footage at surface: Distance: 2600 feet Direction: FNL Distance: 600 feet Direction: FWL

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: HONE

10. Field Number: 36950

11. Federal, Indian or State Lease Number: 9509.7

12. Spud Date: (when the 1st bit hit the dirt) 02/10/2014 13. Date TD: 02/24/2014 14. Date Casing Set or D&A: 02/24/2014

15. Well Classification:

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

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

18. Elevations GR 4679 KB 4689

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:

High Resolution Induction, Guard-SP, Gamma Ray, compensated Density, Compensated Neutron
Gamma Ray, Gamma Ray CCL, Cement Bond Log VDL

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	8+5/8	12+1/4	24	0	290	190	0	290	VISU
1ST	5+1/2	7+7/8	15.5	0	5,106	200	4,000	5,106	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	4,050		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	4,460		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	4,810		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	4,900		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	4,950		<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: Randy Wheat

Title: Manager Date: _____ Email: randy@highplainsenergyllc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400593308	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400593309	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400593314	LAS-	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)