

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



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Document Number:

400595073

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 05-075-09415-00

6. County: LOGAN

7. Well Name: Dune Ridge State

Well Number: 32-2

8. Location: QtrQtr: NENE Section: 32 Township: 7N Range: 52W Meridian: 6

Footage at surface: Distance: 665 feet Direction: FNL Distance: 605 feet Direction: FEL

As Drilled Latitude: 40.535800 As Drilled Longitude: -103.202000

GPS Data:

Date of Measurement: 02/27/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Elijah Frane

** 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: DUNE RIDGE

10. Field Number: 19000

11. Federal, Indian or State Lease Number: 9254.7

12. Spud Date: (when the 1st bit hit the dirt) 03/04/2014 13. Date TD: 04/11/2014 14. Date Casing Set or D&A: 03/12/2014

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 4125 KB 4135

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:

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

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	12+1/4	8+5/8	24	0	672	430	0	672	VISU
1ST	7+7/8	5+1/2	15	0	4,757	230	4,050	4,757	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	3,688		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	4,005		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	4,048		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,242		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	4,477		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	4,570		<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

Title: Wheat 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>					
400595089	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400595091	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400595092	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400595094	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)