

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:

400582991

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: 10449

4. Contact Name: Paul Gottlob

2. Name of Operator: TRITON ENERGY SERVICES LLC

Phone: (720) 420-5747

3. Address: 2850 MCCLELLAND DRIVE STE 2400

Fax: (720) 420-5800

City: FORT COLLINS State: CO Zip: 80525

5. API Number 05-123-37808-00

6. County: WELD

7. Well Name: TRITON

Well Number: 2

8. Location: QtrQtr: SWSE Section: 35 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 1164 feet Direction: FSL Distance: 2044 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/09/2014 13. Date TD: 03/30/2014 14. Date Casing Set or D&A: 03/31/2014

15. Well Classification:

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

16. Total Depth MD 10445 TVD\*\* 10445 17 Plug Back Total Depth MD 8684 TVD\*\* 8684

18. Elevations GR 4654 KB 4671

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. Caliper/Cement Volume (726' thru 8692')
2. Caliper/Cement Volume (8691' thru 10449')
3. Triple Combo (726' thru 8692')
4. Triple Combo (8691' thru 10449')
5. CBL

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	9+5/8	36	0	712	235	0	712	VISU
1ST	8+3/4	7+0/0	26	0	8,684	1,185	0	8,684	VISU
1ST LINER	6+1/8	4+1/2	11.6	8669	10,443				

### 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	
LYONS	8,683	8,780	<input type="checkbox"/>	<input type="checkbox"/>	
LOWER SATANKA	8,780	9,016	<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	9,016	9,074	<input type="checkbox"/>	<input type="checkbox"/>	
AMAZON	9,074	9,156	<input type="checkbox"/>	<input type="checkbox"/>	
COUNCIL GROVE	9,156	9,305	<input type="checkbox"/>	<input type="checkbox"/>	
Admire	9,305	9,340	<input type="checkbox"/>	<input type="checkbox"/>	
VIRGIL	9,340	9,546	<input type="checkbox"/>	<input type="checkbox"/>	
MISSOURI	9,546	9,625	<input type="checkbox"/>	<input type="checkbox"/>	
FOUNTAIN	9,625		<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: Clayton Doke

Title: Senior Engineer

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

Email: clay.doke@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400584817	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input 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>		
400584861	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400584863	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400584866	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400584871	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400608523	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400608531	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400608718	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400608752	PDF-MUD	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)