

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:
400647234

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: 10396 4. Contact Name: Desiree Arrambide
 2. Name of Operator: SOUTHWESTERN ENERGY PRODUCTION Phone: (281) 618-6107
 3. Address: 2350 N SAM HOUSTON PKWY EAST #125 Fax: _____
 City: HOUSTON State: TX Zip: 77032

5. API Number 05-001-09804-00 6. County: ADAMS
 7. Well Name: LINNEBUR FLYING SERVICE 3 Well Number: 1-30
 8. Location: QtrQtr: SWNE Section: 30 Township: 3S Range: 61W Meridian: 6
 Footage at surface: Distance: 2417 feet Direction: FNL Distance: 2362 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.: 2417 feet. Direction: FNL Dist.: 2362 feet. Direction: FEL
 Sec: 30 Twp: 3S Rng: 61W
 ** If directional footage at Bottom Hole Dist.: 2417 feet. Direction: FNL Dist.: 2362 feet. Direction: FEL
 Sec: 30 Twp: 3S Rng: 61W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/12/2014 13. Date TD: 07/01/2014 14. Date Casing Set or D&A: 06/13/2014

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10775 TVD** 10773 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 5188 KB 520 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:

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	+/20		0	0	60				
SURF	9+/20		32.30	22	1,100	355	22	1,100	
1ST	+/8		20	22	10,773	1,520	3,304	10,773	

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	
VIRGIL	8,941	9,831	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	9,831	10,218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ATOKA	10,218	10,619	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MORROW	10,619	10,771	<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: Desiree Arrambide

Title: Sr. Regulatory Analyst Date: _____ Email: desiree_arambide@swm.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400647286	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400650088	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)