

FORM
5Rev
09/14

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:

400688732

Date Received:

09/16/2014

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

OGCC Operator Number: 10359

Contact Name: Judy Trook

Name of Operator: WARD PETROLEUM CORPORATION

Phone: (580) 2343229

Address: PO BOX 1187

Fax: (580) 2343780

City: ENID State: OK Zip: 73702

API Number 05-001-09801-00

County: ADAMS

Well Name: SHARP

Well Number: 24-3-11HC

Location: QtrQtr: SWSW Section: 24 Township: 1S Range: 67W Meridian: 6

Footage at surface: Distance: 250 feet Direction: FSL Distance: 190 feet Direction: FWL

As Drilled Latitude: 39.944030 As Drilled Longitude: -104.846040

GPS Data:

Date of Measurement: 07/30/2014 PDOP Reading: 1.1 GPS Instrument Operator's Name: rob Daley

** If directional footage at Top of Prod. Zone Dist.: 364 feet. Direction: FSL Dist.: 878 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 67W

** If directional footage at Bottom Hole Dist.: 2472 feet. Direction: FSL Dist.: 856 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/09/2014 Date TD: 06/28/2014 Date Casing Set or D&A: 06/29/2014

Rig Release Date: *for Multi-Well Location ONLY

Well Classification:

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

Total Depth MD 10239 TVD** 7775 Plug Back Total Depth MD 8638 TVD** 7779

Elevations GR 5019 KB 5041 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

High Resolution Induction.pdf; Compensated Density, Neutron.pdf; Gama-Ray, Mudlog.pdf; Cement Bond Log.pdf. Induction, Density, Neutron.LAS

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	13+1/2	9+5/8	36	0	1,235	592	0	1,235	VISU
1ST	8+3/4	7	26	0	8,243	734	970	8,243	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: _____

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,923	4,970			
NIOBRARA	7,384	7,848			
CODELL	8,127	8,239			

Comment:

This Form 5 is submitted for the original wellbore, API #05-001-09801-00.
A Form 5 will be submitted for the unplanned sidetrack (COGCC approved 06/30/2014, API #05-001-09801-01.)
Form 5A will be submitted when the sidetrack is perforated and completed; waiting on pipeline.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JUDY TROOK

Title: PRODUCTION ADMINISTRATOR Date: 9/16/2014 Email: judyt@wardpetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400691002	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400691004	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400688732	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690656	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690668	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690673	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690953	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690984	LAS-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691154	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft .	9/16/2014 2:58:10 PM

Total: 1 comment(s)