

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



DE ET OE ES

Document Number:

400694377

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

OGCC Operator Number: 10467

Contact Name: Bob Sutherland

Name of Operator: TABULA RASA ENERGY LLC

Phone: (281) 668-8478

Address: 12012 WICKCHESTER LANE #660

Fax:

City: HOUSTON State: TX Zip: 77079

API Number 05-055-06312-00

County: HUERFANO

Well Name: Caddell

Well Number: 2

Location: QtrQtr: NESE Section: 4 Township: 29S Range: 69W Meridian: 6

Footage at surface: Distance: 1349 feet Direction: FSL Distance: 1306 feet Direction: FEL

As Drilled Latitude: 37.551826 As Drilled Longitude: -105.112081

## GPS Data:

Date of Measurement: 07/19/2013 PDOP Reading: 6.0 GPS Instrument Operator's Name: Gary Terry

\*\* If directional footage at Top of Prod. Zone Dist.: 1884 feet. Direction: FSL Dist.: 1103 feet. Direction: FEL

Sec: 4 Twp: 29S Rng: 69W

\*\* If directional footage at Bottom Hole Dist.: 1910 feet. Direction: FSL Dist.: 1086 feet. Direction: FEL

Sec: 4 Twp: 29S Rng: 69W

Field Name: OAKDALE

Field Number: 60610

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/21/2013 Date TD: 12/15/2013 Date Casing Set or D&amp;A: 12/17/2013

Rig Release Date: \*for Multi-Well Location ONLY

## Well Classification:

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

Total Depth MD 5955 TVD\*\* 5959 Plug Back Total Depth MD 5852 TVD\*\* 5817

Elevations GR 7830 KB 7845 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Induction/Density Neutron

## 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	17+1/2	13+3/8		0	106	110	0	106	CALC
SURF	12+1/4	9+5/8	36	0	590	311	0	590	CALC
1ST	8+3/4	7	26	0	5,394	271	0	5,394	CBL
2ND	8+3/4	7	29	5394	5,977	146	5,394	5,977	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	
FORT HAYS	4,472				
CODELL	4,549				
DAKOTA	5,159				
ENTRADA	5,664				

Comment:

Please include Kimberly J. Rodell in all e-mail correspondence for this Completion Report. Thank you.

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

Signed: \_\_\_\_\_

Print Name: Kimberly Rodell

Title: Permit Agent

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

Email: krodell@upstreampm.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>		
400694410	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694417	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694418	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694419	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694426	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694427	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694428	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694429	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694435	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694438	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694442	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400694443	DIRECTIONAL DATA	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)