

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:

400647234

Date Received:

07/24/2014

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: 10396

Contact Name: Desiree Arrambide

Name of Operator: SOUTHWESTERN ENERGY PRODUCTION

Phone: (281) 618-6107

Address: 2350 N SAM HOUSTON PKWY EAST #125

Fax:

City: HOUSTON State: TX Zip: 77032

API Number 05-001-09804-00

County: ADAMS

Well Name: LINNEBUR FLYING SERVICE 3

Well Number: 1-30

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.: 2367 feet. Direction: FNL Dist.: 2254 feet. Direction: FEL

Sec: 30 Twp: 3S Rng: 61W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

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

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10775 TVD** 10773 Plug Back Total Depth MD 0 TVD** 0

Elevations GR 5188 KB 520 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CASING, LINER AND CEMENT

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:

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	
VIRGIL	8,941	9,831	NO	NO	
MARMATON	9,831	10,218	NO	YES-Submitted on Form 4	
ATOKA	10,218	10,619	NO	YES-Submitted on Form 4	
MORROW	10,619	10,771	NO	YES-Submitted on Form 4	Core Analysis will be submitted within the 6 month time frame.

Comment:

The reason the MD is 10,775' which is 273' deeper than the permitted 10,500' depth is because the geologic tops came in deeper than we had planned.

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: 7/24/2014 Email: desiree_arambide@swm.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400703838	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400704553	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>					
400647234	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400703826	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400704579	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 for corrections.	10/8/2014 9:51:21 AM

Total: 1 comment(s)