

FORM
5

Rev
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



Document Number:

400691007

Date Received:

09/23/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10414 Contact Name: Bryan Bugg
Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6508
Address: 1331 17TH STREET #400 Fax: (303) 407-6501
City: DENVER State: CO Zip: 80202

API Number 05-073-06594-00 County: LINCOLN
Well Name: CRAIG Well Number: 9S-55W-19-41
Location: QtrQtr: SWSW Section: 19 Township: 9S Range: 55W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FWL
As Drilled Latitude: 39.245710 As Drilled Longitude: -103.600720

GPS Data:
Date of Measurement: 08/06/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Bob Rubino

** 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:

Field Name: LIMON Field Number: 49980
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/09/2014 Date TD: 05/30/2014 Date Casing Set or D&A: 06/05/2014
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 7003 TVD** Plug Back Total Depth MD 0 TVD**
Elevations GR 5382 KB 5398 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Induction/Neutron/Gamma Ray

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
SURF	12+1/4	9+5/8	36	0	525	175	0	525	VISU
OPEN HOLE	7+7/8			525	7,003				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	7,000	40	6,831	7,000
	OPEN HOLE	5,326	40	5,154	5,326
	OPEN HOLE	4,406	40	4,237	4,406
	OPEN HOLE	556	50	405	556
	SURF	30	15	0	30

Details of work:

Cement plug at 7,000' (+/- 50' above the Lansing) - 40 sks. Calc cement to 6,831'.
 Cement plug at 5,326' (+/- 100' below the base of Cheyenne) - 40 sks. Calc cement to 5,154'.
 Cement plug at 4,406' (+/- 50' above top of Dakota) - 40 sks. Calc cement to 4,237'.
 Cement plug at 556' (50' below surface casing shoe into surface casing) - 50 sks. Calc cement to 405'.
 CIBP set in surface casing 50' below surface.
 Cement plug at 30' - 15 sks. Visual confirmation to surface. 5 sks cement in mouse and rat hole.

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	
NIOBRARA	3,599				
DAKOTA	4,462				
CEDAR HILLS	5,670				
STONE CORRAL	5,864				
WOLFCAMP	6,035				
LANSING	6,937				
MARMATON	7,311				
CHEROKEE	7,419		YES		
ATOKA	7,606				
MORROW	7,939				
SPERGEN	8,160				

Operator Comments

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

Signed: _____

Print Name: Bryan Bugg

Title: Engineer

Date: 9/23/2014

Email: bbugg@cascadepetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400693289	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"/>
400693294	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input 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>			
400691007	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693295	PDF-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693296	LAS-IND-DENS-NEU	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)