

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:

400754623

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: 16520

Contact Name: Graydon Neher

Name of Operator: CHEMCO INC

Phone: (303) 771-7777

Address: 558 CASTLE PINES PKWY UTB4#402

Fax: (303) 773-9021

City: CASTLE ROCK State: CO Zip: 80104

API Number 05-061-06889-00

County: KIOWA

Well Name: DONOHOE

Well Number: 4A-2

Location: QtrQtr: SENW Section: 2 Township: 19S Range: 45W Meridian: 6

Footage at surface: Distance: 2140 feet Direction: FNL Distance: 1914 feet Direction: FWL

As Drilled Latitude: 38.434820 As Drilled Longitude: -102.430050

GPS Data:

Date of Measurement: 12/02/2014 PDOP Reading: 2.5 GPS Instrument Operator's Name: Elijah Frane

** 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: CAVALRY Field Number: 10340

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/03/2013 Date TD: 12/10/2013 Date Casing Set or D&A: 12/11/2013

Rig Release Date: 12/12/2013 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5010 TVD** Plug Back Total Depth MD 4978 TVD**

Elevations GR 3929 KB 3942 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, Density, Micro, Resistivity, Neutron

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	8+5/8	24	0	322	225	0	322	CALC
1ST	7+7/8	5+1/2	15.5	0	4,989	335	2,960	4,989	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/12/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,500	355	0	2,500

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	
SHAWNEE	3,455		NO	NO	
HEEBNER	3,661		NO	NO	
LANSING-KANSAS CITY	3,684		NO	NO	
MARMATON	4,085		NO	NO	
FORT SCOTT	4,178		NO	NO	
CHEROKEE	4,236		NO	NO	
MORROW	4,521		NO	NO	
KEYES	4,647		NO	NO	
MISSISSIPPIAN	4,874		NO	NO	

Comment:

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

Signed: _____

Print Name: Graydon Neher

Title: President

Date: _____

Email: gh.neher@chemco-og.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>			
400754787	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400754790	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400754794	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400754796	PDF-DENSITY	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)