

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



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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: <u>16520</u>	Contact Name: <u>Graydon Neher</u>
Name of Operator: <u>CHEMCO INC</u>	Phone: <u>(303) 771-7777</u>
Address: <u>558 CASTLE PINES PKWY UTB4#402</u>	Fax: <u>(303) 773-9021</u>
City: <u>CASTLE ROCK</u> State: <u>CO</u> Zip: <u>80104</u>	

API Number <u>05-061-06889-00</u>	County: <u>KIOWA</u>
Well Name: <u>DONOHOE</u>	Well Number: <u>4A-2</u>
Location: QtrQtr: <u>SENW</u> Section: <u>2</u> Township: <u>19S</u> Range: <u>45W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2140</u> feet Direction: <u>FNL</u>	Distance: <u>1914</u> feet Direction: <u>FWL</u>
As Drilled Latitude: <u>38.434820</u>	As Drilled Longitude: <u>-102.430050</u>

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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
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)