

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400755820

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: 10414 Contact Name: Bryan Bugg
 Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6500
 Address: 1331 17TH STREET #400 Fax: (303) 407-6501
 City: DENVER State: CO Zip: 80202

API Number 05-073-06665-00 County: LINCOLN
 Well Name: GAEDE Well Number: 9S-55W-8-16
 Location: QtrQtr: NWNE Section: 8 Township: 9S Range: 55W Meridian: 6
 Footage at surface: Distance: 530 feet Direction: FNL Distance: 2520 feet Direction: FEL
 As Drilled Latitude: 39.286070 As Drilled Longitude: -103.574840

GPS Data:
 Date of Measurement: 12/05/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Robert 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: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/27/2014 Date TD: 11/09/2014 Date Casing Set or D&A: 11/11/2014
 Rig Release Date: 11/11/2014 Per Rule 308A.b.

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

Total Depth MD 8556 TVD** _____ Plug Back Total Depth MD 8493 TVD** _____

Elevations GR 5587 KB 15 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Triple-Combo, CMR

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	526	275	0	526	VISU
1ST	7+7/8	5+1/2	17	0	8,522	618	3,275	8,556	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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,759		NO	NO	
FORT HAYS	4,128		NO	NO	
CODELL	4,247		NO	NO	
CARLILE	4,254		NO	NO	
GREENHORN	4,351		NO	NO	
D SAND	4,687		NO	NO	
J SAND	4,728		NO	NO	
SKULL CREEK	4,826		NO	NO	
CHEYENNE	4,918		NO	NO	
MORRISON	4,943		NO	NO	
BLAINE	5,828		NO	NO	
CEDAR HILLS	5,915		NO	NO	
STONE CORRAL	6,108		NO	NO	
WOLFCAMP	6,296		NO	NO	
LANSING	7,151		NO	NO	
MARMATON	7,544		NO	NO	
FORT SCOTT	7,618		NO	NO	
CHEROKEE	7,637		NO	NO	
ATOKA	7,858		NO	NO	
MORROW	8,206		NO	NO	
KEYES	8,319		NO	NO	
SPERGEN	8,436		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: Bryan Bugg

Title: Engineer

Date: _____

Email: bbugg@cascadepetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400763696	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"/>
	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			
400763618	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400763629	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400763640	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400763664	PDF-CBL 1ST RUN	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)