

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:

400768536

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: 10500

Contact Name: Neyeska Mut

Name of Operator: COACHMAN ENERGY OPERATING COMPANY LLC

Phone: (303) 296-3535

Address: 5251 DTC PARKWAY SUITE 200

Fax: (303) 296-3888

City: GREENWOOD State: CO Zip: 80111

API Number 05-045-22459-00

County: GARFIELD

Well Name: Federal

Well Number: 14/15-4-21

Location: QtrQtr: SENE Section: 21 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 2339 feet Direction: FNL Distance: 736 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.: 1170 feet. Direction: FNL Dist.: 667 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 1147 feet. Direction: FNL Dist.: 685 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

Field Name: KOKOPELLI

Field Number: 47525

Federal, Indian or State Lease Number: COC 66370

Spud Date: (when the 1st bit hit the dirt) 11/14/2014 Date TD: 11/20/2014 Date Casing Set or D&A: 11/23/2014

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8163 TVD** 7937 Plug Back Total Depth MD 8100 TVD** 7873

Elevations GR 6932 KB 6955 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Induction/GR, Acoustic/GR, Neutron/Density/GR, and Temperature Survey.

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 | 30+0/0 | 20+0/0 | 53 | 0 | 120 | 350 | 0 | 120 | CALC |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,539 | 385 | 0 | 1,539 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 8,146 | 1,550 | 1,200 | 8,163 | CALC |

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 | |
| WASATCH | 0 | 4,756 | NO | NO | |
| WILLIAMS FORK | 4,756 | 8,007 | NO | NO | |
| ROLLINS | 8,007 | | NO | NO | |

Comment:

The drilling rig is still on this well pad drilling wells. It is not anticipated to finish drilling the well sequence until late January 2015. The well is planned to be completed (fracking) in early 2015 pending CPW big game timing limitations.

No cores were cut and no DSTs were conducted.

The cement top depth for the production string was estimated from the Temperature Survey. A CBL will be run at a later date after the well has been fracked.

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

Signed: _____

Print Name: Rick Obernolte

Title: Agent

Date: _____

Email: rickobe1@aol.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400768539 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400768541 | 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> | | | |
| 400768538 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400768546 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400768549 | PDF-TEMPERATURE | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400769545 | DIRECTIONAL DATA | 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)