

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



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Document Number:

400799051

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: 76840

Contact Name: Jeff Schneider

Name of Operator: SCHNEIDER ENERGY SERVICES INC

Phone: (970) 867-9437

Address: P O BOX 889

Fax: (970) 867-9137

City: FORT MORGAN State: CO Zip: 80701

API Number 05-087-07938-00

County: MORGAN

Well Name: Trend

Well Number: 3-1

Location: QtrQtr: NESE Section: 34 Township: 5N Range: 60W Meridian: 6

Footage at surface: Distance: 1320 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.353478 As Drilled Longitude: -104.073229

GPS Data:

Date of Measurement: 02/11/2013 PDOP Reading: 1.0 GPS Instrument Operator's Name: Tim Leibert

** 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: TREND

Field Number: 83900

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/03/2014 Date TD: 04/30/2014 Date Casing Set or D&A: 04/30/2014

Rig Release Date: 05/01/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6255 TVD** Plug Back Total Depth MD 6238 TVD**

Elevations GR 4393 KB 4405 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

No open hole logs were ran on this well when it was re-entered. The open hole logs were ran when the well was drilled in 1988 and have been submitted to the COGCC

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	247	230	0	247	CALC
1ST	7+7/8	5+1/2	15.5	0	6,254	495	4,200	6,254	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	5,465	5,710	NO	NO	
GREENHORN	5,788	5,850	NO	NO	
BENTONITE	6,050	6,050	NO	NO	
D SAND	6,150	6,172	NO	NO	The D-Sand was cored in 1988 when the well was drilled and the core analysis was submitted to the COGCC in 1988
J SAND	6,222	6,255	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: Jeff Schneider

Title: President

Date: _____

Email: jeff@schneiderenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400799450	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)