

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:

400798002

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: 10373

Contact Name: Paul Gottlob

Name of Operator: NGL WATER SOLUTIONS DJ LLC

Phone: (720) 420-5747

Address: 3773 CHERRY CRK NORTH DR #1000

Fax:

City: DENVER

State: CO

Zip: 80209

API Number 05-123-40968-00

County: WELD

Well Name: NGL

Well Number: C6A

Location: QtrQtr: SWSE Section: 30 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 894 feet Direction: FSL Distance: 2440 feet Direction: FEL

As Drilled Latitude: 40.191650 As Drilled Longitude: -104.705460

## GPS Data:

Date of Measurement: 03/20/2015 PDOP Reading: 2.1 GPS Instrument Operator's Name: Adam Kelly

\*\* If directional footage at Top of Prod. Zone Dist.: 893 feet. Direction: FSL Dist.: 729 feet. Direction: FWL

Sec: 30 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 893 feet. Direction: FSL Dist.: 729 feet. Direction: FWL

Sec: 30 Twp: 3N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/31/2015 Date TD: 02/15/2015 Date Casing Set or D&amp;A: 02/17/2015

Rig Release Date: 02/17/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 10963 TVD\*\* 10671 Plug Back Total Depth MD 10955 TVD\*\* 10663

Elevations GR 4953 KB 4967

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Mud &amp; CBL in .pdf, Triple Combo in .las &amp; .pdf

## 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	9+5/8	36	0	819	215	0	830	VISU
1ST	8+3/4	7	26	0	9,344	150	7,903	9,350	CALC
1ST LINER	6+1/8	4+1/2	11.6	9224	10,963				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/12/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,903	750	0	7,903

Details of work:

Lead: 660 Sacks of 1:1:0 Poz:Type III, Density = 12 lb/gal  
Tail: 90 Sacks of 50% Class G / 50% Poz (1-1-0 G), Density = 13.5 lb/gal  
TOTAL 750 sacks. TOC @ Surface per CBL - attached.

## 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	7,348	7,584	NO	NO	
FORT HAYS	7,584	7,606	NO	NO	
CODELL	7,606	7,625	NO	NO	
CARLILE	7,625	7,905	NO	NO	
X BENTONITE	7,905	8,086	NO	NO	
J SAND	8,086	8,218	NO	NO	
SKULL CREEK	8,218	8,292	NO	NO	
DAKOTA	8,292	8,406	NO	NO	
MORRISON	8,406	8,676	NO	NO	
ENTRADA	8,676	8,724	NO	NO	
LYKINS	8,724	9,076	NO	NO	
FORELLE	9,076	9,148	NO	NO	
MINNEKAHTA	9,148	9,248	NO	NO	
BLAINE	9,248	9,294	NO	NO	
LYONS	9,294	9,452	NO	NO	
LOWER SATANKA	9,452	9,702	NO	NO	
WOLFCAMP	9,702	9,748	NO	NO	
AMAZON	9,748	9,792	NO	NO	
COUNCIL GROVE	9,792	9,948	NO	NO	
ADMIRE	9,948	10,050	NO	NO	
VIRGIL	10,050	10,218	NO	NO	
MISSOURI	10,218	10,270	NO	NO	
FOUNTAIN	10,270	10,540	NO	NO	
DES MOINES	10,540	10,820	NO	NO	
ATOKA	10,820	10,963	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: Paul Gottlob

Title: Regulatory &amp; Engin. Tech.

Date: \_\_\_\_\_

Email: paul.gottlob@iptenergyservices.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400798158	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400798173	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"/>
400814322	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400798167	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400798226	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400798229	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809692	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400809693	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)