

**DRILLING COMPLETION REPORT**

Document Number:  
400816055

Date Received:

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 05-123-40645-00 County: WELD  
 Well Name: NGL Well Number: C5  
 Location: QtrQtr: SWSW Section: 29 Township: 2N Range: 64W Meridian: 6  
 Footage at surface: Distance: 234 feet Direction: FSL Distance: 403 feet Direction: FWL  
 As Drilled Latitude: 40.102970 As Drilled Longitude: -104.582800

GPS Data:  
 Date of Measurement: 03/19/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Monty Wallace

\*\* 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: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 02/28/2015 Date TD: 03/14/2015 Date Casing Set or D&A: 03/16/2015  
 Rig Release Date: 03/17/2015 Per Rule 308A.b.

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

Total Depth MD 10560 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 10553 TVD\*\* \_\_\_\_\_  
 Elevations GR 4937 KB 4951 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Mud & CBL in .pdf & Triple Combo in both .pdf & .las

**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	1,031	260	0	1,040	VISU
1ST	8+3/4	7	26	0	8,783	156	7,330	8,790	CBL
1ST LINER	6+1/8	4+1/2	11.6	8687	10,560				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/09/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,330	701	350	7,330

Details of work:

Stage 2: f/ 0' to 6400' - Lead: 605 Sacks of 1:1:0 Poz:Type III, Density = 12 lb/gal, Volume Pumped = 210 (bbl),  
 Stage 3: f/ 6400' to 7330' - Tail: 96 Sacks of 1-1-0 G, Density = 13.5 lb/gal, Volume Pumped = 30 (bbl), Total 701 Sacks.  
 TOC from 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	6,842	7,102	NO	NO	
FORT HAYS	7,102	7,127	NO	NO	
CODELL	7,127	7,143	NO	NO	
CARLILE	7,143	7,192	NO	NO	
GREENHORN	7,192	7,416	NO	NO	
X BENTONITE	7,416	7,585	NO	NO	
J SAND	7,585	7,704	NO	NO	
SKULL CREEK	7,704	7,770	NO	NO	
DAKOTA	7,770	7,928	NO	NO	
MORRISON	7,928	8,186	NO	NO	
ENTRADA	8,186	8,240	NO	NO	
LYKINS	8,240	8,588	NO	NO	
FORELLE	8,588	8,662	NO	NO	
MINNEKAHTA	8,662	8,750	NO	NO	
BLAINE	8,750	8,783	NO	NO	
LYONS	8,783	8,972	NO	NO	
LOWER SATANKA	8,972	9,254	NO	NO	
WOLFCAMP	9,254	9,313	NO	NO	
AMAZON	9,313	9,372	NO	NO	
COUNCIL GROVE	9,372	9,548	NO	NO	
ADMIRE	9,548	9,620	NO	NO	
VIRGIL	9,620	9,846	NO	NO	
MISSOURI	9,846	9,983	NO	NO	
FOUNTAIN	9,983	10,156	NO	NO	
DES MOINES	10,156	10,446	NO	NO	
ATOKA	10,446	10,560	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 & Engin. Tech.

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

Email: paul.gottlob@iptenergyservices.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400816347	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"/>
400816056	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400816369	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400816370	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400816371	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831808	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)