

**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.

Document Number:  
400817145

Date Received:

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 05-123-40772-00 County: WELD

Well Name: NGL Well Number: C10

Location: QtrQtr: SWSE Section: 35 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 878 feet Direction: FSL Distance: 2069 feet Direction: FEL

As Drilled Latitude: 40.525140 As Drilled Longitude: -104.628010

GPS Data:  
Date of Measurement: 04/08/2015 PDOP Reading: 1.0 GPS Instrument Operator's Name: Brian Rottinghaus

\*\* 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: EATON Field Number: 19350

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 03/19/2015 Date TD: 03/30/2015 Date Casing Set or D&A: 04/01/2015

Rig Release Date: 04/02/2015 Per Rule 308A.b.

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

Total Depth MD 10489 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 10482 TVD\*\* \_\_\_\_\_

Elevations GR 4807 KB 4821 **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	630	175	0	630	VISU
1ST	8+3/7	7	26	0	8,902	156	7,435	8,902	CBL
1ST LINER	6+1/8	4+1/2	11.6	8787	10,489				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/25/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,435	720	530	7,435

Details of work:

Lead: 600 Sacks of 50% Class III / 50% Poz (1-1-0 III), Density = 12 lb/gal, Volume Pumped = 208 (bbl)  
Water Temperature(°F) = 50 , Bulk Temperature(°F) = 28 , Slurry Temperature(°F) = 72

Tail: 120 Sacks of 50% Class G / 50% Poz (1-1-0 G), Density = 13.5 lb/gal, Volume Pumped = 38  
(bbl) Water Temperature(°F) = 50 , Bulk Temperature(°F) = 30 , Slurry Temperature(°F) = 75

Cmt'd w/ 720 sks Total  
TOC @ 530' per CBL.

## 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	6,814	7,066	NO	NO	
FORT HAYS	7,066	7,099	NO	NO	
CODELL	7,099	7,118	NO	NO	
CARLILE	7,118	7,170	NO	NO	
GREENHORN	7,170	7,384	NO	NO	
X BENTONITE	7,384	7,562	NO	NO	
J SAND	7,562	7,724	NO	NO	
SKULL CREEK	7,724	7,808	NO	NO	
DAKOTA	7,808	7,922	NO	NO	
MORRISON	7,922	8,158	NO	NO	
ENTRADA	8,158	8,250	NO	NO	
LYKINS	8,250	8,510	NO	NO	
PERMIAN	8,510	8,630	NO	NO	
FORELLE	8,630	8,679	NO	NO	
MINNEKAHTA	8,679	8,844	NO	NO	
BLAINE	8,844	8,895	NO	NO	
LYONS	8,895	9,182	NO	NO	
LOWER SATANKA	9,182	9,260	NO	NO	
WOLFCAMP	9,260	9,304	NO	NO	
AMAZON	9,304	9,352	NO	NO	
COUNCIL GROVE	9,352	9,530	NO	NO	
ADMIRE	9,530	9,586	NO	NO	
VIRGIL	9,586	9,782	NO	NO	
MISSOURI	9,782	9,845	NO	NO	
FOUNTAIN	9,845	10,116	NO	NO	
DES MOINES	10,116	10,400	NO	NO	
ATOKA	10,400	10,489	NO	NO	

Comment:

All depths are correlated to Loggers TD.

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>Attachment Checklist</b>			
400827085	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"/>
400821883	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400840345	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840355	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840358	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840364	PDF-MUD	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)