

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:

400814666

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: 10433

Contact Name: MEL LACKIE

Name of Operator: PICEANCE ENERGY LLC

Phone: (303) 339-4400

Address: 1512 LARIMER STREET #1000

Fax: (303) 339-4398

City: DENVER State: CO Zip: 80202

API Number 05-077-10221-00

County: MESA

Well Name: Piceance

Well Number: 28-12W

Location: QtrQtr: NESW Section: 28 Township: 9S Range: 93W Meridian: 6

Footage at surface: Distance: 2496 feet Direction: FSL Distance: 1603 feet Direction: FWL

As Drilled Latitude: 39.247760 As Drilled Longitude: -107.778110

GPS Data:

Date of Measurement: 11/12/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: ERIC PURCELL

** If directional footage at Top of Prod. Zone Dist.: 2351 feet. Direction: FSL Dist.: 880 feet. Direction: FWL

Sec: 28 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 2351 feet. Direction: FSL Dist.: 880 feet. Direction: FWL

Sec: 28 Twp: 9S Rng: 93W

Field Name: VEGA

Field Number: 85930

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/05/2015 Date TD: 03/09/2015 Date Casing Set or D&A: 03/10/2015

Rig Release Date: 03/10/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7942 TVD** 7886 Plug Back Total Depth MD 7842 TVD** 7786

Elevations GR 7580 KB 7602 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MUD (PASON), TRIPLE COMBO, CBL

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	24	16	42	0	82	78	0	82	CALC
SURF	12+1/4	8+5/8	24	0	1,560	306	0	1,560	CALC
1ST	7+7/8	4+1/2	11.6	0	7,932	1,325	1,000	7,932	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	
WILLIAMS FORK	4,712				
CAMEO	7,019				
ROLLINS	7,719				

Comment:

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

Signed: _____

Print Name: MEL LACKIE

Title: ENGINEERING TECHNICIAN

Date: _____

Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400840072	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400814698	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>			
400814683	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814685	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814689	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814691	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840060	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840062	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840063	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840066	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400840076	WELLBORE DIAGRAM	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)