

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:

400821448

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 05-123-41201-00

County: WELD

Well Name: NGL

Well Number: C12

Location: QtrQtr: NESE Section: 27 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 2312 feet Direction: FSL Distance: 935 feet Direction: FEL

As Drilled Latitude: 40.369520 As Drilled Longitude: -104.415910

GPS Data:

Date of Measurement: 04/28/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Adam Beauprez

** If directional footage at Top of Prod. Zone Dist.: 2028 feet. Direction: FSL Dist.: 934 feet. Direction: FEL

Sec: 27 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2028 feet. Direction: FSL Dist.: 934 feet. Direction: FEL

Sec: 27 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/04/2015 Date TD: 04/15/2015 Date Casing Set or D&A: 04/18/2015

Rig Release Date: 04/19/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9850 TVD** 9837 Plug Back Total Depth MD 9836 TVD** 9823

Elevations GR 4595 KB 4609

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

List Electric Logs Run:

Mud & CBL .pdf, Triple Combo .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	911	235	0	911	VISU
1ST	8+3/4	7	26	0	8,294	160	6,811	8,294	CBL
1ST LINER	6+1/8	4+1/2	11.6	8165	9,843				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/11/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,811	655	0	6,811

Details of work:

Lead: 550 Sacks of 1:1:0 Poz:Type III, Density = 12 lb/gal, Volume Pumped = 191 (bbl) Tail:
105 Sacks of 50% Class G / 50% Poz (1-1-0 G), Density = 13.5 lb/gal, Volume Pumped = 33 (bbl), Pumping pressure before bump
1300psi, bump plug to 3000psi, hold pressure for 15 minutes, bled off pressure and got 3bbls back. TOC 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	6,310	6,554	NO	NO	
FORT HAYS	6,554	6,578	NO	NO	
CODELL	6,578	6,590	NO	NO	
CARLILE	6,590	6,632	NO	NO	
GREENHORN	6,632	6,868	NO	NO	
X BENTONITE	6,868	7,044	NO	NO	
J SAND	7,044	7,222	NO	NO	
SKULL CREEK	7,222	7,298	NO	NO	
DAKOTA	7,298	7,436	NO	NO	
MORRISON	7,436	7,680	NO	NO	
ENTRADA	7,680	7,703	NO	NO	
LYKINS	7,703	7,931	NO	NO	
PERMIAN	7,931	8,058	NO	NO	
FORELLE	8,058	8,104	NO	NO	
MINNEKAHTA	8,104	8,242	NO	NO	
BLAINE	8,242	8,286	NO	NO	
LYONS	8,286	8,514	NO	NO	
LOWER SATANKA	8,514	8,636	NO	NO	
WOLFCAMP	8,636	8,720	NO	NO	
AMAZON	8,720	8,788	NO	NO	
COUNCIL GROVE	8,788	8,990	NO	NO	
ADMIRE	8,990	9,020	NO	NO	
VIRGIL	9,020	9,098	NO	NO	
FOUNTAIN	9,098	9,186	NO	NO	
MISSOURI	9,186	9,530	NO	NO	
DES MOINES	9,530	9,840	NO	NO	
ATOKA	9,840	9,850	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 ?
<u>Attachment Checklist</u>		
400848760	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400848757	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"/>
400848765	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400848749	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400848821	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400848823	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400848825	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400848826	LAS-TRIPLE COMBINATION	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)