

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



Document Number:

2439714

Date Received:

06/19/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 95233

Contact Name: BRAD POMEROY

Name of Operator: WELLINGTON OPERATING COMPANY

Phone: (303) 220-5399

Address: 6065 S QUEBEC ST STE 201

Fax: (303) 220-8929

City: CENTENNIAL State: CO Zip: 80111

API Number 05-069-06042-00

County: LARIMER

Well Name: WELLINGTON MUDDY UNIT

Well Number: 10-1

Location: QtrQtr: NWNW Section: 32 Township: 10N Range: 68W Meridian: 6

Footage at surface: Distance: 180 feet Direction: FNL Distance: 150 feet Direction: FWL

As Drilled Latitude: 40.797741 As Drilled Longitude: -105.038335

GPS Data:

Date of Measurement: 07/28/2008 PDOP Reading: 1.7 GPS Instrument Operator's Name: TETRA TECH

** 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: WELLINGTON

Field Number: 90850

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/01/1976 Date TD: 03/01/1976 Date Casing Set or D&A: 03/01/1976

Rig Release Date: 03/26/1976 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4944 TVD** Plug Back Total Depth MD TVD**

Elevations GR 5479 KB 5487 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

ORIGINAL OPERATOR DID NOT RUN LOGS. CBL RUN AFTER REPAIRS 6/11/2015

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	8+5/8		0	273	200	0	273	VISU
1ST	7+7/8	5+1/2		0	4,894	150	3,670	4,894	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,440	145	3,370	3,514
STAGE TOOL	1ST	330	250	0	960

Details of work:

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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	

Operator Comments

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

Signed: _____ Print Name: BRAD POMEROY

Title: PRESIDENT Date: 6/19/2015 Email: POMOCO@MSN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
2439715	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
2439714	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2439716	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)