

FORM
5

Rev
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:
400848319

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) 339-4399
City: DENVER State: CO Zip: 80202

API Number 05-077-10231-00 County: MESA
Well Name: Gunderson Well Number: 29-13E
Location: QtrQtr: SENE Section: 29 Township: 9S Range: 93W Meridian: 6
Footage at surface: Distance: 2405 feet Direction: FNL Distance: 1149 feet Direction: FEL
As Drilled Latitude: 39.248810 As Drilled Longitude: -107.787830

GPS Data:
Date of Measurement: 07/25/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: ERIC PURCELL

** If directional footage at Top of Prod. Zone Dist.: 2119 feet. Direction: FSL Dist.: 835 feet. Direction: FEL
Sec: 29 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 2119 feet. Direction: FSL Dist.: 835 feet. Direction: FEL
Sec: 29 Twp: 9S Rng: 93W

Field Name: BUZZARD CREEK Field Number: 9500
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/18/2015 Date TD: 04/20/2015 Date Casing Set or D&A: 04/21/2015
Rig Release Date: 04/21/2015 Per Rule 308A.b.

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

Total Depth MD 7790 TVD** 7729 Plug Back Total Depth MD 7690 TVD** 7629
Elevations GR 7531 KB 7553 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MUD (PASON), PULSED NEUTRON, 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	27	0	82	CALC
SURF	12+1/4	8+5/8	24	0	1,555	306	0	1,555	CALC
1ST	7+7/8	4+1/2	11.6	0	7,780	1,305	1,600	7,780	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	4,570				
CAMEO	6,955				
ROLLINS	7,544				

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 ?	
Attachment Checklist			
400876366	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400879579	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"/>
Other Attachments			
400872396	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876362	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876363	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876364	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400879576	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400888089	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400888090	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400888091	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400888272	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)