

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:

400902211

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: 10500

Contact Name: Frank Canepa

Name of Operator: COACHMAN ENERGY OPERATING COMPANY LLC

Phone: (720) 476-3678

Address: 1125 17TH STREET SUITE 410

Fax: (720) 476-3887

City: DENVER State: CO Zip: 80202

API Number 05-103-12274-00

County: RIO BLANCO

Well Name: Shavetail Federal

Well Number: 28-44

Location: QtrQtr: NESE Section: 28 Township: 1N Range: 103W Meridian: 6

Footage at surface: Distance: 1381 feet Direction: FSL Distance: 380 feet Direction: FEL

As Drilled Latitude: 40.023470 As Drilled Longitude: -108.953350

## GPS Data:

Date of Measurement: 02/07/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Kyle Tesky

\*\* If directional footage at Top of Prod. Zone Dist.: 1392 feet. Direction: FSL Dist.: 652 feet. Direction: FEL

Sec: 28 Twp: 1N Rng: 103W

\*\* If directional footage at Bottom Hole Dist.: 395 feet. Direction: FSL Dist.: 656 feet. Direction: FEL

Sec: 28 Twp: 1N Rng: 103W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: COC-65854

Spud Date: (when the 1st bit hit the dirt) 08/17/2015 Date TD: 08/25/2015 Date Casing Set or D&amp;A: 08/27/2015

Rig Release Date: 08/27/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 4730 TVD\*\* 4715 Plug Back Total Depth MD 4679 TVD\*\* 4664

Elevations GR 5590 KB 5601 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Comp. Density/Neutron Log; High Definition Induction Log; Sonic Log; and 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	26	16	43	0	40	20	0	40	CALC
SURF	12+1/4	8+5/8	24	0	529	350	0	529	CALC
1ST	7+7/8	4+1/2	11.6	0	4,719	915	310	4,719	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	
MANCOS	3,037		NO	NO	Cement circulated to surface on production casing cement job. Well TD is in still in the Mancos Formation.
CASTLEGATE	3,266	4,360	NO	NO	
MANCOS B	4,360	4,547	NO	NO	

Comment:

Cement was circulated to the surface on the production casing cement job.

CBL log run on 09/23/2015 shows the top of cement on log at 310 feet.

Well is shut-in pending connection to natural gas gathering line.

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

Signed: \_\_\_\_\_

Print Name: Rick Obernolte

Title: Agent Date: \_\_\_\_\_ Email: rickobe1@aol.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400902823	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"/>
400912506	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400902261	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400902262	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400902266	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400902821	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400902826	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400903687	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400903691	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400903693	LAS-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400912497	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400912507	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)