

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:

400895857

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: 10112

Contact Name: Austin Anderson

Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC

Phone: (918) 8454700

Address: 16000 DALLAS PARKWAY #875

Fax:

City: DALLAS State: TX Zip: 75248-

API Number 05-103-08085-00

County: RIO BLANCO

Well Name: TAIGA FED

Well Number: 14I-20-4-102

Location: QtrQtr: NESE Section: 20 Township: 4S Range: 102W Meridian: 6

Footage at surface: Distance: 1333 feet Direction: FSL Distance: 1315 feet Direction: FEL

As Drilled Latitude: 39.682890 As Drilled Longitude: -108.863250

GPS Data:

Date of Measurement: 05/12/2009 PDOP Reading: 4.5 GPS Instrument Operator's Name: Chris Sanchez

** 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: THUNDER

Field Number: 81925

Federal, Indian or State Lease Number: 47971

Spud Date: (when the 1st bit hit the dirt) 09/03/1977 Date TD: 09/27/1977 Date Casing Set or D&A: 09/28/1977

Rig Release Date: 09/29/1977 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4400 TVD** Plug Back Total Depth MD 4296 TVD**

Elevations GR 7650 KB 7667 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Neutron-Density, Dual Induction - Laterolog

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	8+5/8	24	0	282	150	0	282	VISU
1ST	7+7/8	4+1/2	10.5	0	4,344	210	3,172	4,344	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	
SEGO	2,456		NO	NO	
MANCOS B	3,900		NO	NO	
NIOBRARA	4,330		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: Rachel Grant

Title: Sr. HSE/Regulatory Tech

Date: _____

Email: regulatory@foundationenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?
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Attachment Checklist

	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Other Attachments

400903115	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400903173	PDF-	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)