

**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:  
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 ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
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)