

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



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Document Number:
400895893

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 05-103-08049-00 County: RIO BLANCO
 Well Name: TAIGA FED Well Number: 3L-20-4-102
 Location: QtrQtr: NWSW Section: 20 Township: 4S Range: 102W Meridian: 6
 Footage at surface: Distance: 1392 feet Direction: FSL Distance: 1277 feet Direction: FWL
 As Drilled Latitude: 39.683060 As Drilled Longitude: -108.872830

GPS Data:
 Date of Measurement: 05/12/2009 PDOP Reading: 5.2 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: 47962

Spud Date: (when the 1st bit hit the dirt) 06/30/1977 Date TD: 07/21/1977 Date Casing Set or D&A: 07/22/1977
 Rig Release Date: 07/23/1977 Per Rule 308A.b.

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

Total Depth MD 5313 TVD** _____ Plug Back Total Depth MD 5196 TVD** _____

Elevations GR 8470 KB 8486 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Dual Induction, CNL

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	305	200	0	305	VISU
1ST	7+7/8	5+1/2	15.5	0	5,196	200	3,700	5,196	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	3,482		NO	NO	
MANCOS B	4,747				
NIOBRARA	5,174				

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 ?	
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			
400903821	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400903823	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400903831	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)