

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:

400960734

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: 10590

Contact Name: Jessica Reale

Name of Operator: GRIZZLY OPERATING LLC

Phone: (970) 472-5811

Address: 1944 26TH AVENUE CT

Fax:

City: GREELEY State: CO Zip: 80634

API Number 05-123-38401-00

County: WELD

Well Name: Goza

Well Number: 2-Ae

Location: QtrQtr: NESE Section: 18 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 1728 feet Direction: FSL Distance: 711 feet Direction: FEL

As Drilled Latitude: 40.485730 As Drilled Longitude: -104.699410

GPS Data:

Date of Measurement: 01/04/2016 PDOP Reading: 2.2 GPS Instrument Operator's Name: C Vanmatre

** If directional footage at Top of Prod. Zone Dist.: 5 feet. Direction: FNL Dist.: 1312 feet. Direction: FEL

Sec: 19 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 5 feet. Direction: FNL Dist.: 1312 feet. Direction: FEL

Sec: 19 Twp: 6N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/06/2015 Date TD: 11/11/2015 Date Casing Set or D&A: 11/12/2015

Rig Release Date: 11/12/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7640 TVD** 7316 Plug Back Total Depth MD 7594 TVD** 7270

Elevations GR 4756 KB 4770 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, Triple Combo density, Neutron, Dual induction

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	564	330	0	564	VISU
1ST	7+7/8	4+1/2	11.6	0	7,594	1,020	0	7,633	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	
PARKMAN	3,863	3,875	NO	NO	
SUSSEX	4,671	4,750	NO	NO	
NIOBRARA	7,162	7,380	NO	NO	
FORT HAYS	7,427	7,448	NO	NO	
CODELL	7,449	7,472	NO	NO	
GREENHORN	7,504		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: Jessica Reale

Title: Office Manager

Date: _____

Email: jessica@mistymountainop.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400967224	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400967223	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"/>
<u>Other Attachments</u>					
400960742	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400966385	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400967227	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)