

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:
400960561

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: 10312 Contact Name: Halle Milne
 Name of Operator: PROSPECT ENERGY LLC Phone: (720) 359-1584
 Address: 500 DALLAS STREET SUITE 1800 Fax: _____
 City: HOUSTON State: TX Zip: 77002

API Number 05-069-06307-00 County: LARIMER
 Well Name: MSSU Well Number: 20-2
 Location: QtrQtr: NWNW Section: 20 Township: 8N Range: 68W Meridian: 6
 Footage at surface: Distance: 1015 feet Direction: FNL Distance: 1150 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 962 feet. Direction: FNL Dist.: 657 feet. Direction: FWL
 Sec: 20 Twp: 8N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 959 feet. Direction: FNL Dist.: 635 feet. Direction: FWL
 Sec: 20 Twp: 8N Rng: 68W

Field Name: FORT COLLINS Field Number: 25100
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/13/1992 Date TD: 05/19/1992 Date Casing Set or D&A: 05/19/1992
 Rig Release Date: 05/20/1992 Per Rule 308A.b.

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

Total Depth MD 5170 TVD** 5134 Plug Back Total Depth MD 5117 TVD** 5082

Elevations GR 5111 KB 5122 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

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	8+5/8	12+1/4	24	0	506	310	0	506	VISU
1ST	5+1/2	7+7/8	15.5	0	5,166	224	3,940	5,166	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/21/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		110	2,612	3,557
SQUEEZE	1ST		200	3,120	3,495

Details of work:

12/15/2015 squeeze at 3495' with 200sxs of cement. Squeeze job failed, had soft cement. Drilled out cement from 3120' to 3680'.
 12/21/2015 squeeze at 3557' with 110sxs of cement. Circulate well clean. Good hard cement. Pressure test 1500 psi. 15 minutes held OK.

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	

Comment:

Received verbal approval from Diana Burn. CBL was not ran.

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

Signed: _____

Print Name: Halle Milne

Title: Regulatory Analyst

Date: _____

Email: hmilne@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400965400	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)