

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:

400941849

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: 77330

Contact Name: Catherine Dickert

Name of Operator: SG INTERESTS I LTD

Phone: (970) 3850696

Address: 100 WAUGH DR SUITE 400

Fax: (970) 3850636

City: HOUSTON State: TX Zip: 77007

API Number 05-051-06139-01

County: GUNNISON

Well Name: Falcon Seaboard 11-90-12

Well Number: 5

Location: QtrQtr: NESW Section: 12 Township: 11s Range: 90w Meridian: 6

Footage at surface: Distance: 1876 feet Direction: FSL Distance: 1821 feet Direction: FWL

As Drilled Latitude: 39.112490 As Drilled Longitude: -107.399470

GPS Data:

Date of Measurement: 11/24/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: David Nicewicz

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 2607 feet. Direction: FNL Dist.: 881 feet. Direction: FEL

Sec: 13 Twp: 11S Rng: 90W

Field Name: RAGGED MOUNTAIN

Field Number: 71430

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/28/2015 Date TD: 11/09/2015 Date Casing Set or D&A: 11/11/2015

Rig Release Date: 11/16/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13384 TVD** 8327 Plug Back Total Depth MD TVD**

Elevations GR 7531 KB 7549 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

None

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
CONDUCTOR	26	20	106.5	0	80	137	0	80	VISU
SURF	16	13+3/8	54.5	0	575	270	0	575	VISU
1ST	12+1/4	9+5/8	40	0	5,503	540	0	5,503	CBL
2ND	8+1/2	5+1/2	20	5350	13,383	1,043	5,350	13,383	CALC

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	
WILLIAMS FORK	1,172	4,321	NO	NO	
ROLLINS	4,321	5,140	NO	NO	
COZZETTE	5,140	5,312	NO	NO	
CORCORAN	5,312	5,650	NO	NO	
MANCOS	5,650	9,358	NO	NO	

Comment:

This form is marked Preliminary because the top of productive zone is not yet known. This well has been drilled to total depth, but it has not been completed or perforated.

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

Signed: _____

Print Name: Catherine Dickert

Title: Env & Permit Manager

Date: _____

Email: cdickert@sginterests.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400942840	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400947570	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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400942827	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400954280	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400969307	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)