

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:
400977099

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: 10433 Contact Name: MEL LACKIE
 Name of Operator: LARAMIE ENERGY LLC Phone: (303) 339-4400
 Address: 1401 SEVENTEENTH STREET #1400 Fax: (303) 339-4399
 City: DENVER State: CO Zip: 80202

API Number 05-077-10261-00 County: MESA
 Well Name: Piceance Fed Well Number: 28-07E
 Location: QtrQtr: NESW Section: 28 Township: 9S Range: 93W Meridian: 6
 Footage at surface: Distance: 2098 feet Direction: FSL Distance: 2514 feet Direction: FWL
 As Drilled Latitude: 39.246656 As Drilled Longitude: -107.774892

GPS Data:
 Date of Measurement: 03/04/2015 PDOP Reading: 2.9 GPS Instrument Operator's Name: BRIAN BAKER

** If directional footage at Top of Prod. Zone Dist.: 1673 feet. Direction: FNL Dist.: 843 feet. Direction: FEL
 Sec: 28 Twp: 9S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 1673 feet. Direction: FNL Dist.: 843 feet. Direction: FEL
 Sec: 28 Twp: 9S Rng: 93W

Field Name: VEGA Field Number: 85930
 Federal, Indian or State Lease Number: COC 64786

Spud Date: (when the 1st bit hit the dirt) 12/13/2015 Date TD: 12/16/2015 Date Casing Set or D&A: 12/17/2015
 Rig Release Date: 12/17/2015 Per Rule 308A.b.

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

Total Depth MD 8646 TVD** 8114 Plug Back Total Depth MD 8549 TVD** 8017

Elevations GR 7679 KB 7701 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MUD (PASON), RPM, PULSED NEUTRON, CBL

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	16	42	0	82	27	0	82	CALC
SURF	11	8+5/8	24	0	1,628	319	0	1,628	CALC
1ST	7+7/8	4+1/2	11.6	0	8,636	1,555	1,300	8,636	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	
WILLIAMS FORK	5,363				
CAMEO	7,715				
ROLLINS	8,415				

Comment:

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

Signed: _____

Print Name: MEL LACKIE

Title: ENGINEERING TECHNICIAN

Date: _____

Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400977150	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400979961	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"/>
Other Attachments			
400977143	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977145	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977146	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977147	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977157	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400979960	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400989128	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400989152	PDF-PULSED NEUTRON	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)