

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



Document Number:

1926161

Date Received:

11/13/2007

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 18795 Contact Name: STEPHANIE CLASEN  
Name of Operator: COLTON LIMITED LIABILITY CO Phone: (303) 297-0347  
Address: 475 17TH STREET #1200 Fax: (303) 297-9075  
City: DENVER State: CO Zip: 80202

API Number 05-123-25130-00 County: WELD  
Well Name: WERNING Well Number: 1-3B  
Location: QtrQtr: SWNE Section: 3 Township: 4N Range: 66W Meridian: 6  
Footage at surface: Distance: 1637 feet Direction: FNL Distance: 1691 feet Direction: FEL  
As Drilled Latitude: 40.344280 As Drilled Longitude: -104.759990

GPS Data:  
Date of Measurement: 10/17/2007 PDOP Reading: 2.8 GPS Instrument Operator's Name: JEFF RHOTEN

\*\* If directional footage at Top of Prod. Zone Dist.: 2194 feet Direction: FNL Dist.: 2301 feet Direction: FEL  
Sec: 3 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2206 feet Direction: FNL Dist.: 2304 feet Direction: FEL  
Sec: 3 Twp: 4N Rng: 68W

Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/11/2007 Date TD: 06/16/2007 Date Casing Set or D&A: 06/17/2007  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 7455 TVD\*\* 7367 Plug Back Total Depth MD 7434 TVD\*\* 7347

Elevations GR 4692 KB 4702 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CDL/CNL/DIL, 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
SURF	12+1/4	8+5/8		0	414	200	0	414	VISU
1ST	7+7/8	4+1/2		0	7,427	545	3,422	7,427	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/24/2008

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		60	0	
1 INCH	S.C. 1.1	1,522	330	0	1,522

Details of work:

60 sx top job on originakl surface cement job. 1" annular fill. TOTAL 330 SX PLC CEMENT, 13.4 PPG, 1.55 YIELD, PUMPED FROM 1522' TO SURFACE. See Sundry Doc 1771603.

### 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	
PIERRE	1,297		NO	NO	
PARKMAN	3,598		NO	NO	
SUSSEX	4,287		NO	NO	
SHANNON	4,767		NO	NO	
NIOBRARA	6,868		NO	NO	
FORT HAYS	7,257		NO	NO	
CODELL	7,279		NO	NO	

**Operator Comments**

2nd CBL run on 12/29/2008 after 1" annular fill. Surface cement and 1" annular fill cement summaries in the well file.

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

Signed: Y \_\_\_\_\_ Print Name: STEPHANIE CLASEN

Title: OFC MGR Date: 11/12/2007 Email: tmetzger@bsegllc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1838570	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"/>
<b>Other Attachments</b>			
1926161	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)