

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



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Document Number:

401134303

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: 17320

Contact Name: Julie Branting

Name of Operator: CITY & COUNTY OF DENVER

Phone: (303) 638-7484

Address: 8500 PENA BLVD RM 9870

Fax:

City: DENVER

State: CO

Zip: 80249

API Number 05-031-06413-00

County: DENVER

Well Name: CHAMPLIN 117 AMOCO

Well Number: A-4

Location: QtrQtr: SWNW Section: 7 Township: 2S Range: 65W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 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.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: THIRD CREEK

Field Number: 81800

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/02/1972 Date TD: 01/05/1972 Date Casing Set or D&A: 01/07/1972

Rig Release Date: 01/06/1972 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8430 TVD** Plug Back Total Depth MD 8377 TVD**

Elevations GR 5309 KB 5294 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

n/a

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	338	325	0	338	VISU
1ST	8+5/8	5+1/2	14	0	8,430	500		8,430	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/17/2007

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,495	125	300	
SQUEEZE	1ST	2,513	80	300	
SQUEEZE	1ST	920	50	300	
SQUEEZE	1ST	3,063	100	300	
SQUEEZE	1ST	770	825	300	
SQUEEZE	1ST	770	775	300	
SQUEEZE	1ST	770	662	300	

Details of work:

numerous squeeze jobs performed 4/17/2007 thru 7/16/2007 Final CBL shows TOC 300'

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	
D SAND	8,262				
J SAND	8,312				

Comment:

CBL will be sent via regular mail no digital logs found

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

Signed: _____

Print Name: Julie Branting

Title: Agent

Date: _____

Email: petropro@comcast.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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)