

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



Document Number:

1417818

Date Received:

03/11/2005

## 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: 6385 Contact Name: DENNIS R. CARLTON  
 Name of Operator: EVERGREEN OPERATING CORPORATION Phone: (303) 298-8100  
 Address: 1401 17TH ST STE 1200 Fax: (303) 298-7800  
 City: DENVER State: CO Zip: 80202

API Number 05-071-06776-00 County: LAS ANIMAS  
 Well Name: STRAIGHT SHOOTER Well Number: 21-28TR  
 Location: QtrQtr: NENW Section: 28 Township: 32S Range: 65W Meridian: 6  
 Footage at surface: Distance: 420 feet Direction: FNL Distance: 1749 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: PURGATOIRE RIVER Field Number: 70830

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 08/25/1999 Date TD: 09/12/1999 Date Casing Set or D&A: 09/13/1999

Rig Release Date: \_\_\_\_\_ Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 1106 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 1074 TVD\*\* \_\_\_\_\_Elevations GR 7338 KB 7342 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CEMENT BOND LOG, INDUCTION ELECTRIC LOG

## 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	11	8+5/8	23.0	0	693	280	0	693	VISU
1ST	7+7/8	5+1/2	15.0	0	1,092	216	0	1,092	VISU

## 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:

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### **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	
RATON COAL	0		NO	NO	

#### **Operator Comments**

This Form 5 and 5A dated 3/11/2005 is submitted to replace original Form 5 and 5A dated 2000 which has been misplaced at both our office and at the COGCC.

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

Signed: Y \_\_\_\_\_ Print Name: JUDY GLINISTY \_\_\_\_\_

Title: SR. ENGINEERING TECH Date: 3/11/2005 Email: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Document Name	attached ?
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#### **Attachment Checklist**

	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"/>

#### **Other Attachments**

1417818	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Added operator comment that was written on the paper version of this Form 5. Well logs appear to be missing and are likely unavailable. Passing permitting task.	06/23/2015

Total: 1 comment(s)