

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



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Document Number:
401785233

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: 52530 Contact Name: Sam Bradley
 Name of Operator: MAGPIE OPERATING, INC Phone: (970) 593-8626
 Address: 2707 SOUTH COUNTY RD 11 Fax: _____
 City: LOVELAND State: CO Zip: 80537

API Number 05-069-06286-00 County: LARIMER
 Well Name: STATE-ANDERSON Well Number: 2-36
 Location: QtrQtr: NWNW Section: 36 Township: 5N Range: 68W Meridian: 6
 Footage at surface: Distance: 735 feet Direction: FNL Distance: 850 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: JOHNSON'S CORNER Field Number: 42570
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/13/1987 Date TD: _____ Date Casing Set or D&A: _____
 Rig Release Date: 11/20/1987 Per Rule 308A.b.

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

Total Depth MD 7660 TVD** _____ Plug Back Total Depth MD _____ TVD** _____

Elevations GR 4944 KB 4955 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

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	224	125	0	224	VISU
1ST	7+7/8	4+1/2	11.6	0	7,660	400	6,145	7,660	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/01/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	364	206	246	396

Details of work:

Remedial shallow cement job as a COA for Extraction's Johnsons Corner horizontal wells. 8 perf holes were shor from 364' to 368'. 206 sx of Type I/II cement at 14.6 ppg and 1.3 cf/sx yield was pumped with a trace of cement seen at surface. CBL was run to verify coverage. Casing and squeeze holes were pressure tested to 300 psi for 15 minutes.

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	

Comment:

Being submitted to corect document #401563478 submitted 3/5/18 showing incorrect bottom of cement and missing the perforation ticket.

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

Signed: _____

Print Name: Sam Bradley

Title: Consultant

Date: _____

Email: sb@s-companies.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401785234	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
401785237	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
401785236	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401785238	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)