

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:

401965284

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: 10112

Contact Name: Adam Johnson

Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC

Phone: (918) 5265505

Address: 5057 KELLER SPRINGS RD STE 650

Fax:

City: ADDISON State: TX Zip: 75001

API Number 05-123-20902-00

County: WELD

Well Name: HOFFMAN

Well Number: 34-1

Location: QtrQtr: NENE Section: 34 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 628 feet Direction: FNL Distance: 605 feet Direction: FEL

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: CROW

Field Number: 13600

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/06/2002 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: 03/07/2019 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7013 TVD\*\* Plug Back Total Depth MD TVD\*\*

Elevations GR 4986 KB 4906 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	7+7/8	4+1/2	11.6	0	7,013	250	5,656	7,013	CBL
1ST	7+7/8	4+1/2	11.6	0	7,013	230	0	600	VISU

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/04/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	600	230	0	600

Details of work:

Frac protect for offset well.

**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:

Remedial cement work done for offset well (Mallard Exploration Green Teal) frac protection. Added cement behind 4-1/2' production casing from 600' to surface.

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

Signed: \_\_\_\_\_

Print Name: Alyssa Beard

Title: EHS Manager

Date: \_\_\_\_\_

Email: regulatory@foundationenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401965344	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
401965324	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)

