

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&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: <u>03/04/2019</u>					
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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)

