

01461344

FORM  
5  
Rev 6/99

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State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: <u>10091</u>		4. Contact Name and Telephone <u>Loni Davis</u>	
2. Name of Operator: <u>Berry Petroleum Company</u>		No: <u>970-332-3585 x827</u>	
3. Address: <u>P. O. Box 250</u>		Fax: <u>970-332-3587</u>	
City: <u>Wray</u> State: <u>CO</u> Zip: <u>80758</u>			
5. API Number: <u>05-125-08893-00</u>		6. County: <u>Yuma</u>	
7. Well Name: <u>JT Farms Partnership</u>		Well Number: <u>#01-04</u>	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW/4 Sec. 4-T1N-R45W</u>			
Footage at Surface: <u>600' FSL &amp; 600' FWL</u> 9. Was a directional survey run? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
If directional, footage at Top of Prod. Zone: _____			
If directional, footage at Bottom Hole: _____			
10. Field Name: <u>Wildcat</u>		10. Field Number: <u>99999</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date <u>10/07/04</u>		13. Date TD <u>10/07/04</u>	
14. Date Completed or D&A <u>10/09/04</u>			
16. Total Depth MD <u>2535.52</u> TVD _____		17. Plug Back Total MD <u>2493.04</u> TVD _____	
18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ** One copy of all electric and mud logs must be submitted.**		19. Elevations GR <u>3843'</u> KB <u>3849'</u>	
20. List Electric Logs Run: <u>Array Induction w/Linear Correlations, Compensated Neutron Litho Density</u>			

Complete the  
Attachment Checklist  
Oper OGCC

Survey Plat	
Directional Survey	
Surface Equipment	
Technical Info Page	
Other	

## 15 Well Classification

<input type="checkbox"/> Dry	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas
<input type="checkbox"/> Coalbed	<input type="checkbox"/> Stratigraphic	<input type="checkbox"/> Disposal
<input type="checkbox"/> Enhanced Recovery	<input type="checkbox"/> Gas Storage	<input type="checkbox"/> Observation
Other: _____		

21.

## CASING, LINER and CEMENT

Submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Cement Interval		Identify Method	
							Top	Bottom	CBL	Calc
Surface	9-7/8"	7"	20#		381.36	156 sks	surface	381.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st	6-1/4"	4-1/2"	10.5#		2535.52	75 sks	1735.52	2535.52	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

22.

## FORMATION LOG INTERVALS and TEST ZONES

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
Bentonite	2312		<input type="checkbox"/>	<input type="checkbox"/>	LOG TOPS
Smokey Hills	2372	2412	<input type="checkbox"/>	<input type="checkbox"/>	LOG TOPS
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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

Print Name: Andrew J. BauckeSigned: Andrew J. BauckeTitle: Drilling ForemanDate: 05/23/05



**BISON OIL WELL CEMENTING, INC.**

P.O. Box 2223 • Gillette, WY 82717-2223

Phone: 307-682-9044

Fax: 307-682-9056

E-mail: bisonoil@vcn.com

**TREATMENT REPORT****RECEIVED**3252  
MAY 24 05LOCATION Wray  
FOREMAN Chris Ely

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-7-04		TT farm part 1-4					Yuma	
CHARGE TO <u>Excell</u>				OWNER <u>Excell</u>				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR <u>Excell #2</u>				
STATE				DISTANCE TO LOCATION				
ZIP CODE								
TIME ARRIVED ON LOCATION <u>17:40</u>				TIME LEFT LOCATION <u>18:55</u>				

WELL DATA	
HOLE SIZE <u>9 5/8"</u>	
TOTAL DEPTH <u>387'</u>	
CASING SIZE <u>7"</u>	
CASING DEPTH <u>381'</u>	
CASING WEIGHT <u>20#</u>	
CASING CONDITION <u>✓</u>	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA <u>Central</u>	

TYPE OF TREATMENT	
<input checked="" type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB	<u>Safety meeting</u>
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**JOB SUMMARY**

DESCRIPTION OF JOB EVENTS 18:05 ARRIVE 18:10 MSG 18:15 Circ. 4000 18:19 MIP 156 gals  
@ 100 gal - 1.18 yield - 5 gal/sk - 32.70000 gals of slurry, 18:24 Disp 14.6 gals = 160, 18:30 "Pls. Down"  
18:40 ROMO.

3000s Back

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi 200
FINAL DISPLACEMENT	psi 450
ANNULUS	psi
MAXIMUM	psi 300
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	4
FINAL BPM	4
MINIMUM BPM	4
MAXIMUM BPM	4
AVERAGE BPM	4
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED

Serapio Martinez

TITLE

DATE

10-7-04



# BISON OIL WELL CEMENTING, INC.

P.O. Box 2223 • Gillette, WY 82717-2223  
Phone: 307-682-9044  
Fax: 307-682-9056  
E-mail: bisonoil@vcn.com



RECEIVED

MAY 24 05

## TREATMENT REPORT

3255  
LOCATION CR-35  
FOREMAN Chad Reynolds

DATE 10-9-04	CUSTOMER ACCT # 1-4	WELL NAME J Farms Part	QTR/QTR	SECTION	TWP	RGE	COUNTY Yuma	FORMATION
CHARGE TO <u>Excell</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR <u>Excell #2</u>				
STATE				DISTANCE TO LOCATION				
ZIP CODE				TIME ARRIVED ON LOCATION <u>15:01</u>				
				TIME LEFT LOCATION <u>17:10</u>				

HOLE SIZE <u>6 1/4</u>
TOTAL DEPTH <u>2545'</u>
CASING SIZE <u>4 1/2</u>
CASING DEPTH <u>2535'</u>
CASING WEIGHT <u>16.9 #</u>
CASING CONDITION <u>Good</u>
TUBING SIZE
TUBING DEPTH
TUBING WEIGHT
TUBING CONDITION
PACKER DEPTH
PERFORATIONS
SHOTS/FT
OPEN HOLE
TREATMENT VIA <u>Casing</u>

### TYPE OF TREATMENT

- |   |   |
|---|---|
| <input type="checkbox"/> SURFACE PIPE                 | <input type="checkbox"/> ACID BREAKDOWN   |
| <input checked="" type="checkbox"/> PRODUCTION CASING | <input type="checkbox"/> ACID STIMULATION |
| <input type="checkbox"/> SQUEEZE CEMENT               | <input type="checkbox"/> ACID SPOTTING    |
| <input type="checkbox"/> PLUG & ABANDON               | <input type="checkbox"/> FRAC             |
| <input type="checkbox"/> PLUG BACK                    | <input type="checkbox"/> FRAC + NITROGEN  |
| <input type="checkbox"/> MISC PUMP                    | <input type="checkbox"/> FOAM FRAC        |
| <input type="checkbox"/> OTHER                        | <input type="checkbox"/> NITROGEN         |

### PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

### JOB SUMMARY

DESCRIPTION OF JOB EVENTS 16:05 MIRV, 16:15 OSSM, 16:20 CIRC 1000, KCL-Water 16:30 MIP  
25k @ 156 GPM - 1.18 Yield - 56 Vgk - 15.7 max of slurry 16:35 Drop plug 16:40, Disp 29.6 max  
KCL-Water 16:50 Plug - Down, 16:51 Release PSI - Plug? Float Hold, 16:59 RD MO.

### PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi	200
FINAL DISPLACEMENT	psi	1100
ANNULUS	psi	400
MAXIMUM	psi	
MINIMUM	psi	
AVERAGE	psi	
ISIP	psi	300
5 MIN SIP	psi	200
15 MIN SIP	psi	600

### TREATMENT RATE

BREAKDOWN BPM	2
INITIAL BPM	4
FINAL BPM	4
MINIMUM BPM	4
MAXIMUM BPM	4
AVERAGE BPM	4
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED

Jon W. Hammond

TITLE

DATE

10-9-04