

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:
401985367

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: 10373 Contact Name: JOE VARGO
 Name of Operator: NGL WATER SOLUTIONS DJ LLC Phone: (303) 815-1010
 Address: 3773 CHERRY CRK NORTH DR #1000 Fax: _____
 City: DENVER State: CO Zip: 80209

API Number 05-123-47682-00 County: WELD
 Well Name: SOUTH WELD SWD Well Number: 1
 Location: QtrQtr: SWNE Section: 30 Township: 1N Range: 66W Meridian: 6
 Footage at surface: Distance: 1615 feet Direction: FNL Distance: 1713 feet Direction: FEL
 As Drilled Latitude: 40.025055 As Drilled Longitude: -104.816566

GPS Data:
 Date of Measurement: 05/06/2019 PDOP Reading: 1.9 GPS Instrument Operator's Name: Casey Kohout

** 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: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/26/2019 Date TD: 02/13/2019 Date Casing Set or D&A: 02/18/2019
 Rig Release Date: 03/20/2019 Per Rule 308A.b.

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

Total Depth MD 11040 TVD** _____ Plug Back Total Depth MD 11019 TVD** _____

Elevations GR 4952 KB 4977 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, POR, RES, TRIPLE COMBO

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
CONDUCTOR	26	16	42	0	80	160	0	80	VISU
SURF	13+1/2	10+3/4	40.5	0	1,214	325	0	1,214	VISU
1ST	9+7/8	7+5/8	29.7	0	9,164	220	7,867	9,164	CBL
1ST LINER	6+3/4	5+1/2	17	9117	11,019				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/04/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,867	1,030	0	7,867

Details of work:

2nd Stage Lead: From Surface to 6690', cemented with 890 sks, Volume 337.6 bbls; Cement & Additives: 100% CJ922+.3%CJ704+.2%CJ240+2%CJ042+10pps CJ611C+.4%CJ511+.6%CJ210K+.25pps CJ600; Density 12.5ppg; Yield 2.13ft³/sk; Water Req. 11.04.
 2nd Stage Tail: From 6690' to 7867', cemented with 140 sks, Volume 44.9 bbls; Cement & Additives: 65%CJ914+35%CJ010-74+.4%CJ704+.3%CJ415+25%CJ766+.6%CJ548+.25PPSCJ600; Density 13.5ppg; Yield 1.80ft³/sk; Water Req. 8.73.

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	
SHANNON	5,610		NO	NO	
NIOBRARA	7,198		NO	NO	
FORT HAYS	7,565		NO	NO	
CODELL	7,587		NO	NO	
CARLILE	7,595		NO	NO	
X BENTONITE	7,859		NO	NO	
J SAND	8,030		NO	NO	
SKULL CREEK	8,155		NO	NO	
DAKOTA	8,193		NO	NO	
MORRISON	8,320		NO	NO	
ENTRADA	8,550		NO	NO	
LYKINS	8,610		NO	NO	
PERMIAN	8,860		NO	NO	
FORELLE	8,939		NO	NO	
MINNEKAHTA	8,999		NO	NO	
BLAINE	9,104		NO	NO	
LYONS	9,166		NO	NO	
LOWER SATANKA	9,290		NO	NO	
FOUNTAIN	9,525		NO	NO	
ATOKA	10,966		NO	NO	

Comment:

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

Signed: _____

Print Name: PAUL GOTTLÖB

Title: Regulatory & Engin. Tech.

Date: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402002319	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			
402002379	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002395	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002396	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002405	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002410	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002412	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002415	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002442	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002443	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002448	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002449	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402002603	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402013204	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

