

FORM  
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Rev  
02/20

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

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Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: <u>72400</u>	Contact Name: <u>Jeff Schneider</u>
Name of Operator: <u>PUBLIC SERVICE COMPANY OF COLORADO</u>	Phone: <u>(970) 867-9437</u>
Address: <u>1123 W 3RD AVE</u>	Fax: <u>(970) 867-9137</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80223</u>	Email: <u>jeff@schneiderenergy.com</u>

API Number 05-087-08003-00 County: MORGAN  
 Well Name: STORAGE UNIT Well Number: 32  
 Location: QtrQtr: SESE Section: 22 Township: 2N Range: 60W Meridian: 6  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 Footage at surface: Distance: 200 feet Direction: FSL Distance: 659 feet Direction: FEL  
 As Drilled Latitude: 40.117410 As Drilled Longitude: -104.077530  
 GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 06/30/2010  
 GPS Instrument Operator's Name: Paul Kellogg  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 \*\* If directional footage at Top of Prod. Zone Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 Field Name: ROUNDUP Field Number: 74950  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 05/21/1990 Date TD: 05/25/1990 Date Casing Set or D&A: 05/25/1990

Rig Release Date: 05/26/1990 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 6550 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 6505 TVD\*\* \_\_\_\_\_

Elevations GR 4653 KB 4664 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

FDC-CNL, DIL/SFL, SP,GR, CBL, TDT AND CASING INSPECTION

### 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	318	285	0	318	VISU
1ST	7+7/8	5+1/2	15.5	0	6,550	400	4,508	6,550	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

## 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	
NIOBRARA	5,500	5,764	NO	NO	
D SAND	6,272	6,300	NO	NO	
J SAND	6,351	6,432	NO	NO	

Operator Comments:

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

Signed: \_\_\_\_\_ Print Name: Jeff Schneider

Title: Consultant Date: \_\_\_\_\_ Email: jeff@schneiderenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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>			
402372911	PDF-CASING EVALUATION TOOL	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)

