

FORM
5Rev
02/20**State of Colorado**
Oil and Gas Conservation Commission

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



Document Number:

402372797

Date Received:

04/16/2020

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: 72400

Contact Name: Jeff Schneider

Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO

Phone: (970) 867-9437

Address: 112 W 3RD AVE

Fax: (970) 867-9137

City: DENVER

State: CO

Zip: 80223

Email: jeff@schneiderenergy.com

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:

As Drilled Longitude:

GPS Data: GPS Quality Value: Type of GPS Quality Value: PDOP

Date of Measurement:

GPS Instrument Operator's Name:

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 SchneiderTitle: Consultant Date: 4/16/2020 Email: jeff@schneiderenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

	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"/>

Other Attachments

402372797	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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>
Engineer	Form 5 submitted for casing inspection log.	01/18/2023

Total: 1 comment(s)