

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:

400111564

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

1. OGCC Operator Number: 76840 4. Contact Name: Jeff Schneider  
2. Name of Operator: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437  
3. Address: P O BOX 297 Fax: (970) 867-9137  
City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-123-05571-00 6. County: WELD  
7. Well Name: STATE Well Number: 1  
8. Location: QtrQtr: NENE Section: 16 Township: 8N Range: 61W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:

Data of Measurement: 03/24/2008 PDOP Reading: 2.0 GPS Instrument Operator's Name: Darren Veal

\*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: 7871.3

12. Spud Date: (when the 1st bit hit the dirt) 06/23/2009 13. Date TD: 06/29/2009 14. Date Casing Set or D&A: 06/30/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7215 TVD 7215 17 Plug Back Total Depth MD 7210 TVD 7210

18. Elevations GR 4930 KB 4

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

No new open hole logs were ran because this well was a re entry.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+3/4	10+3/4	32.75	230	200		230	CALC
1ST	7+7/8	4+1/2	11.6	7,215	350	5,960	7,215	CBL

ADDITIONAL CEMENT

Cement work date: 11/20/2009

Details of work:

Open Stage tool @ 750' cemented with 300 sacks of neat cement with 2% Calcium Chloride and 1/4# per sack Flo-Cele mixed @ 15.2 PPG. Ran CBL and found the cement top @ 410', shoot 4 squeeze holes at 400' and cemented with 270 sacks of neat cement with 2% Calcium Chloride and 1/4# per sack Flo-Cele, mixed @ 15.2 PPG. Drilled out cement, ran CBL and found the cement @ surface.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	750	300	410	750
PERF & PUMP	1ST	400	270		400

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
D SAND	7,100	7,104	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,157	7,232	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: Persident Date: \_\_\_\_\_ Email: Jeff@schneiderenergy.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400111622	PDF-
400111624	PDF-
400111625	
400111657	
400112155	PDF-

Total Attach: 5 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)