

**FORM  
5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

2584816

**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

1. OGCC Operator Number: 90950

4. Contact Name: LARRY ROBBINS

2. Name of Operator: UNIOIL

Phone: (303) 860-5822

3. Address: 1775 SHERMAN ST STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-31079-00

6. County: WELD

7. Well Name: Reichert

Well Number: 29PDU

8. Location: QtrQtr: NWSE Section: 29 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 2421 feet Direction: FSL Distance: 2296 feet Direction: FEL

As Drilled Latitude: 40.283500 As Drilled Longitude: -104.913500

## GPS Data:

Data of Measurement: 09/05/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: HOLLY L. TRACY

\*\* If directional footage at Top of Prod. Zone Dist.: 1309 feet. Direction: FSL Dist.: 2437 feet. Direction: FEL

Sec: 29 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1304 feet. Direction: FSL Dist.: 2444 feet. Direction: FEL

Sec: 29 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/03/2010 13. Date TD: 07/06/2010 14. Date Casing Set or D&amp;A: 07/07/2010

## 15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7636 TVD\*\* 7490 17 Plug Back Total Depth MD 7560 TVD\*\* 7414

18. Elevations GR 4970 KB 4984

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:

CBL, CNL/CDL, DUAL INDUCTION

## 20. Casing, Liner and Cement:

### CASING

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		0	597	420		597	CALC
1ST	7+7/8	4+1/2		0	7,605	175	6,600	7,605	CBL

### ADDITIONAL CEMENT

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

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST	6,600	900	400	6,600

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	
NIOBRARA	7,153		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,437		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,457		<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: LARRY ROBBINS

Title: REGULATORY AGENT Date: 10/21/2010 Email: LROBBINS@PETD.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2584817	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2584818	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2584816	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)