

**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:

2591848

**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: 18795

4. Contact Name: STEPHANIE CLASEN

2. Name of Operator: COLTON LIMITED LIABILITY CO

Phone: (303) 297-0347

3. Address: 621 17TH ST - SUITE 950

Fax: (303) 297-9075

City: DENVER State: CO Zip: 80293

5. API Number 05-123-30055-00

6. County: WELD

7. Well Name: DOS RIOS

Well Number: 5-34A

8. Location: QtrQtr: NWSW Section: 34 Township: 5N Range: 66W Meridian: 6

Footage at surface: Distance: 1987 feet Direction: FSL Distance: 1140 feet Direction: FWL

As Drilled Latitude: 40.354560 As Drilled Longitude: -104.770780

## GPS Data:

Data of Measurement: 06/09/2010 PDOP Reading: 4.3 GPS Instrument Operator's Name: HOLLY L TRACY

\*\* If directional footage at Top of Prod. Zone Dist.: 1952 feet. Direction: FNL Dist.: 680 feet. Direction: FWL

Sec: 34 Twp: 5N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 1952 feet. Direction: FNL Dist.: 680 feet. Direction: FWL

Sec: 34 Twp: 5N Rng: 66W

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) 01/20/2010 13. Date TD: 03/14/2010 14. Date Casing Set or D&amp;A: 03/15/2010

## 15. Well Classification:

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

16. Total Depth MD 7503 TVD\*\* 7307 17 Plug Back Total Depth MD 7480 TVD\*\* 7284

18. Elevations GR 4680 KB 4696

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:

DIL, CDL, CNL, CBL, GR

## 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	434	310	0	434	CALC
1ST	7+7/8	4+1/2		0	7,483	723	1,862	7,483	CBL

### ADDITIONAL CEMENT

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

Details of work:

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

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	
PARKMAN	3,718		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,408		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,896		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,028		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,298		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,320		<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: STEPHANIE CLASEN

Title: OFFICE MANAGER Date: 12/14/2010 Email: SOVEIGNENERGY@AOL.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"/>
1638120	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>					
2591848	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	cmt tkt with prelim 5, req digital logs	5/19/2011 8:55:35 AM

Total: 1 comment(s)