

FORM
5Rev
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



DE ET OE ES

Document Number:

2537321

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: 23320

4. Contact Name: LEWIS CAMP

2. Name of Operator: DECLAR OIL & GAS INC

Phone: (970) 539-3332

3. Address: 13500 RD 'W'

Fax:

City: WELDONA

State: CO

Zip: 80653

5. API Number 05-123-30723-00

6. County: WELD

7. Well Name: NELSON

Well Number: 5-42

8. Location: QtrQtr: SENE Section: 5 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 2079 feet Direction: FNL Distance: 569 feet Direction: FEL

As Drilled Latitude: 40.343330 As Drilled Longitude: -104.908340

GPS Data:

Date of Measurement: 05/18/2011 PDOP Reading: 2.8 GPS Instrument Operator's Name: C. VANMATRE

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: JOHNSTOWN

10. Field Number: 42600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2011 13. Date TD: 04/10/2011 14. Date Casing Set or D&A: 04/11/2011

15. Well Classification:

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

16. Total Depth MD 7145 TVD** 17 Plug Back Total Depth MD 7099 TVD**

18. Elevations GR 4811 KB 4827

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:

COMPENSATED DENSITY NEUTRON, INDUCTION, CBL

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	545	390	0	545	CALC
1ST	7+7/8	4+1/2		0	7,121	545	3,330	7,121	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	
GREELEY SAND	2,226		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,364		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,968		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,408		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,664		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,962		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: LEWIS CAMP

Title: PRESIDENT Date: 5/23/2011 Email: NONE@GIVEN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2537322	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
2537323	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
2537321	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REQ'D LAS TRIPLE COMBO AND DIG. CBL FROM LEWIS CAMP.	3/2/2011 1:55:29 PM

Total: 1 comment(s)