

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:

400207553

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: 10273

4. Contact Name: CLAYTON DOKE

2. Name of Operator: HRM RESOURCES LLC

Phone: (970) 669-7411

3. Address: 555 17TH STREET #950

Fax: (970) 669-4077

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33273-00

6. County: WELD

7. Well Name: FRITZLER

Well Number: 0-2-21

8. Location: QtrQtr: SW NW Section: 21 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 1706 feet Direction: FNL Distance: 518 feet Direction: FWL

As Drilled Latitude: 40.476240 As Drilled Longitude: -104.790570

GPS Data:

Data of Measurement: 06/23/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: AARON LUND

** If directional footage at Top of Prod. Zone Dist.: 1344 feet. Direction: FNL Dist.: 40 feet. Direction: FWL

Sec: 21 Twp: 6N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1344 feet. Direction: FNL Dist.: 40 feet. Direction: FWL

Sec: 21 Twp: 6N Rng: 66W

9. Field Name: BRACEWELL

10. Field Number: 7487

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/15/2011 13. Date TD: 06/19/2011 14. Date Casing Set or D&A: 06/20/2011

15. Well Classification:

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

16. Total Depth MD 7365 TVD** 7316 17 Plug Back Total Depth MD 7327 TVD** 7277

18. Elevations GR 4746 KB 4762

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:

FDC, CNL, DIL, GR, 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	24	0	713	500	0	713	VISU
1ST	7+7/8	4+1/2	11.6	0	7,350	625	2,756	7,350	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	3,620		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,360		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,798		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,874		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,168		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,188		<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: CLAYTON DOKE

Title: PETROELEM ENGINEER Date: 9/26/2011 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400208291	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400208419	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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400207553	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400208308	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400208309	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	HARD COPY LOGS IN SCANNING	10/10/2011 11:40:55 AM

Total: 1 comment(s)