

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:

2286212

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: 31257

4. Contact Name: GENE FRITZLER

2. Name of Operator: FRITZLER RESOURCES INC

Phone: (970) 867-9388

3. Address: P O BOX 114

Fax: (970) 867-5413

City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-121-11012-00

6. County: WASHINGTON

7. Well Name: BOERSMA FARMS

Well Number: 1

8. Location: QtrQtr: SWSW Section: 23 Township: 3S Range: 56W Meridian: 6

Footage at surface: Distance: 990 feet Direction: FSL Distance: 990 feet Direction: FWL

As Drilled Latitude: 39.771920 As Drilled Longitude: -103.627230

GPS Data:

Data of Measurement: 07/21/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: TIM LIEBERT

** 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: LANCE

10. Field Number: 48000

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/14/2011 13. Date TD: 11/21/2011 14. Date Casing Set or D&A: 11/22/2011

15. Well Classification:

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

16. Total Depth MD 5156 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4837 KB 4845

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:

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	154	180	0	154	CALC

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	
NIOBRARA	4,095		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	4,556		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	4,612		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,701		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,005		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,160		<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: DAVIS WINSLOW

Title: ENGINEER Date: 11/30/2011 Email: DAVEWINSLOW1@CS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2531643	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2286212	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2286214	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400232657	LAS-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	there is an outstanding Form 6 for this well.	12/27/2011 8:51:51 AM
Permit	Recieved cement ticket and sent to scanning.	12/16/2011 7:48:04 AM
Permit	Recieved logs 12/1/2011 Reuested LAS and cement tickets 12/14/2011	12/14/2011 6:37:04 AM
Permit	Added Spud Date, Date TD, Casing/D&A Date, and Well Classification per D. Winslow.	12/13/2011 12:53:55 PM

Total: 4 comment(s)