

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:

2286833

Date Received:

12/27/2011

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: 16520

4. Contact Name: G.H. NEHER

2. Name of Operator: CHEMCO INC

Phone: (303) 771-7777

3. Address: 558 CASTLE PINES PKWY UTB4#402

Fax: (303) 773-9021

City: CASTLE ROCK State: CO Zip: 80104

5. API Number 05-061-06488-00

6. County: KIOWA

7. Well Name: BAUGHMAN

Well Number: 8

8. Location: QtrQtr: SESW Section: 2 Township: 19S Range: 45W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: CAVALRY

10. Field Number: 10340

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/04/1987 13. Date TD: 14. Date Casing Set or D&A: 08/12/1987

15. Well Classification:

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

16. Total Depth MD 4966 TVD** 17 Plug Back Total Depth MD 4908 TVD**

18. Elevations GR 3930 KB 3941

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:

1987-DIL, FDC/CNL, CBL 10/21 & 27/2010-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	292	155	0	292	CALC
1ST	7+7/8	5+1/2		0	4,960	150	1,270	4,960	CBL
2ND	5+1/2	4+1/2		0	4,071	100	0	4,071	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	S.C. 1.1	1,260	125	955	1,260
PERF & PUMP	S.C. 1.2	770	125	290	1,260
PERF & PUMP	S.C. 2.1	2,000	50	0	2,000
SQUEEZE	1ST	2,009	300	1,822	2,009

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	
HEEBNER	3,606		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	3,686		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,085		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,233		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,552		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,704		<input type="checkbox"/>	<input type="checkbox"/>	
ST GENEVIEVE	4,744		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	4,790		<input type="checkbox"/>	<input type="checkbox"/>	PRODUCING 4868-78, 4856-66, 4835-39

Comment:

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

Signed: _____ Print Name: G.H. NEHER

Title: PRESIDENT Date: 4/26/2011 Email: BOGRAY@MSN.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"/>
	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2286833	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2286834	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)