

FORM
5
Rev
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



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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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
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

User Group	Comment	Comment Date

Total: 0 comment(s)