

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:

400238428

Date Received:

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: 78110

4. Contact Name: Michael Bergstrom

2. Name of Operator: SWEPI LP

Phone: (303) 222-6347

3. Address: 4582 S ULSTER ST PKWY #1400

Fax: (303) 222-6258

City: DENVER State: CO Zip: 80237

5. API Number 05-081-07658-01

6. County: MOFFAT

7. Well Name: HARPER HILL

Well Number: 1-29

8. Location: QtrQtr: SENW Section: 29 Township: 5N Range: 90W Meridian: 6

Footage at surface: Distance: 1549 feet Direction: FNL Distance: 1396 feet Direction: FWL

As Drilled Latitude: 40.359458 As Drilled Longitude: -107.523572

GPS Data:

Data of Measurement: 01/23/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: B.H.

** If directional footage at Top of Prod. Zone Dist.: 1471 feet. Direction: FNL Dist.: 1582 feet. Direction: FWL

Sec: 29 Twp: 5N Rng: 90W

** If directional footage at Bottom Hole Dist.: 239 feet. Direction: FSL Dist.: 742 feet. Direction: FEL

Sec: 20 Twp: 5N Rng: 90W

9. Field Name: WADDLE CREEK

10. Field Number: 90450

11. Federal, Indian or State Lease Number: NA

12. Spud Date: (when the 1st bit hit the dirt) 07/26/2011 13. Date TD: 09/10/2011 14. Date Casing Set or D&A: 09/14/2011

15. Well Classification:

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

16. Total Depth MD 6946 TVD** 3575 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 6578 KB 6590

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:

Platform Express, Cement Bond

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
CONDUCTOR	30	20		8	90	12	8	90	CALC
SURF	13+1/2	10+3/4	36	11	764	452	11	764	CALC
1ST	9+7/8	7+5/8	29.7	11	3,318	341	1,700	3,318	CBL
1ST LINER	6+3/4	5+1/2	17	3119	6,946				

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	
MESAVERDE	380	3,932	<input type="checkbox"/>	<input type="checkbox"/>	Morapos Top 380, bot 578; Buck Peak top 2923, bot 2993; Tow Creek top 3272, bot 3369; Wolf Mountain top 3594, bot 3932

Comment:

Confidentiality request was submitted via Sundry and approved by COGCC on 3/16/2012

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

Signed: _____

Print Name: Michael Bergstrom

Title: Senior Regulatory Advisor

Date: _____

Email: michael.bergstrom@shell.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400256282	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400256283	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>					
400248102	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248103	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248104	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248105	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400264526	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)