

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400284959

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: 22400

4. Contact Name: Jeff Reale

2. Name of Operator: DJ PRODUCTION SERVICES INC

Phone: (970) 669-3318

3. Address: 1273 FALCON COURT

Fax: (970) 667-0046

City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-30456-00

6. County: WELD

7. Well Name: Keto

Well Number: 7-33

8. Location: QtrQtr: NESE Section: 7 Township: 4n Range: 67w Meridian: 6

Footage at surface: Distance: 1370 feet Direction: FSL Distance: 1159 feet Direction: FEL

As Drilled Latitude: 40.324350 As Drilled Longitude: -104.927950

GPS Data:

Data of Measurement: 05/11/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: C. Vanmatre

** If directional footage at Top of Prod. Zone Dist.: 1981 feet. Direction: FSL Dist.: 1970 feet. Direction: FEL

Sec: 7 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1981 feet. Direction: FSL Dist.: 1970 feet. Direction: FEL

Sec: 7 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/27/2012 13. Date TD: 04/01/2012 14. Date Casing Set or D&A: 04/01/2012

15. Well Classification:

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

16. Total Depth MD 7301 TVD** 7171 17 Plug Back Total Depth MD 7272 TVD** 7142

18. Elevations GR 4838 KB 4854

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:

CBL, Commingled open hole

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	742	520	0	742	VISU
1ST	7+7/8	4+1/2	11.5#	0	7,293	480	3,242	7,293	

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	3,479		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,004		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,555		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,890		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,110		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,131		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,176		<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: Jeff Reale

Title: Agent Date: _____ Email: lam53@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"/>
400286542	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>					
400286533	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286534	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286948	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)