FORM 5	State of Colorado		DE	ET	OE	ES

FORM 5 Rev 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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number: 2332379

Date Received: 04/19/2012

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: 95233
2. Name of Operator: WELLINGTON OPERATING COMPANY
3. Address: 6065 S QUEBEC ST STE 201
   City: ENGLEWOOD   State: CO   Zip: 80111

4. Contact Name: BRAD POMEROY
   Phone: (303) 220-5399
   Fax: (303) 220-8929

5. API Number   05-069-06062-00
6. County: LARIMER
7. Well Name: W F MUDDY UNIT   Well Number: 23-2
8. Location: QtrQtr: SENE   Section: 7   Township: 9N   Range: 68W   Meridian: 6
   Footage at surface: Distance: 2630 feet Direction: FNL   Distance: 1300 feet Direction: FEL
   As Drilled Latitude: 40.758050   As Drilled Longitude: -105.047260

GPS Data:

Data 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: WELLINGTON   10. Field Number: 90850
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/24/1977 13. Date TD: 04/17/2012 14. Date Casing Set or D&A: 04/17/2012

15. Well Classification:

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

16. Total Depth MD 4761   TVD** _____   17 Plug Back Total Depth MD 7452   TVD** _____

18. Elevations GR 5384   KB _____   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	24	0	268	200	0	268	CALC
1ST	7+7/8	5+1/2	15.5	9	4,752	125	3,940	4,752	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom	
	1ST	4,234				
	1ST	3,498	210	2,500	4,752	

Details of work:

REPLACE 3844' OF 5 1/2" CASING
Placed RBP at 4234, prior to cutting casing at 3844. removed RBP after new casing installed and cemented.

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	
			☐	☐	

Comment:

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

Signed: _____ Print Name: BRADLEY A ROMEROY

Title: PRESIDENT   Date: 4/17/2012   Email: POMOCO@MSN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name			attached ?	
2332380	CMT Summary *	Yes ☒		No ☐	
	Core Analysis	Yes ☐		No ☒	
	Directional Survey **	Yes ☐		No ☒	
	DST Analysis	Yes ☐		No ☒	
	Logs	Yes ☐		No ☒	
	Other	Yes ☐		No ☒	

Other Attachments

2332379	FORM 5 SUBMITTED	Yes ☒	No ☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)