

**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



DE ET OE ES

Document Number:

400286827

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: 10394

4. Contact Name: Angie Galvan

2. Name of Operator: CONDOR ENERGY TECHNOLOGY LLC

Phone: (281) 716-5730

3. Address: 3315 HIGHWAY 50

Fax: (281) 815-2882

City: SILVER SPRINGS State: NV Zip: 89429

5. API Number 05-123-35357-00

6. County: WELD

7. Well Name: Ford Family Trust

Well Number: 2H

8. Location: QtrQtr: SWSW Section: 31 Township: 7N Range: 59W Meridian: 6

Footage at surface: Distance: 280 feet Direction: FSL Distance: 415 feet Direction: FWL

As Drilled Latitude: 40.525180 As Drilled Longitude: -104.030850

GPS Data:

Date of Measurement: 01/25/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Marc Woodard

** 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/24/2012 13. Date TD: 04/29/2012 14. Date Casing Set or D&A: 04/25/2012

15. Well Classification:

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

16. Total Depth MD 6755 TVD** 17 Plug Back Total Depth MD 5492 TVD**

18. Elevations GR 4923 KB 4938

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:

Hard copies mailed: CBL, Micro Log, Sonic Scanner, Compensated Neutron Litho Density, FMI, ECS, HNGS
Induction (LAS format attached)

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	13+1/2	9+5/8	36	0	1,037	466	0	1,037	VISU

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	
SHARON SPRINGS	5,922	6,024	<input type="checkbox"/>	<input type="checkbox"/>	Sidewall Core was taken
NIOBRARA	6,024	6,277	<input type="checkbox"/>	<input type="checkbox"/>	Sidewall Core was taken
FORT HAYS	6,277	6,322	<input type="checkbox"/>	<input type="checkbox"/>	Sidewall Core was taken
CODELL	6,322	6,329	<input type="checkbox"/>	<input type="checkbox"/>	Sidewall Core was taken
BENTONITE	6,638	6,640	<input type="checkbox"/>	<input type="checkbox"/>	Sidewall Core was taken

Comment:

Sidewall Core information will be submitted when it is received.

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

Signed: _____ Print Name: Angelina Galvan

Title: Regulatory Analyst Date: _____ Email: Angie.Galvan@stxra.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400286834	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
400293382	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400287750	LAS-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)