

**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:

400284884

Date Received:

05/21/2012

**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 05-123-35290-00

6. County: WELD

7. Well Name: Keto

Well Number: 7-44

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

Footage at surface: Distance: 1340 feet Direction: FSL Distance: 1115 feet Direction: FEL

As Drilled Latitude: 40.324270 As Drilled Longitude: -104.927810

## GPS Data:

Date of Measurement: 05/11/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: C. Vanmatre

\*\* If directional footage at Top of Prod. Zone Dist.: 658 feet. Direction: FSL Dist.: 656 feet. Direction: FEL

Sec: 7 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 658 feet. Direction: FSL Dist.: 656 feet. Direction: FEL

Sec: 7 Twp: 4N Rng: 67W

9. Field Name: JOHNSTOWN

10. Field Number: 42600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/10/2012 13. Date TD: 04/15/2012 14. Date Casing Set or D&amp;A: 04/15/2012

## 15. Well Classification:

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

16. Total Depth MD 7357 TVD\*\* 7272 17 Plug Back Total Depth MD 7300 TVD\*\* 7215

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	740	520	0	740	VISU
1ST	7+7/8	4+1/2	11.5#	0	7,315	515	2,802	7,315	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	3,494		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,132		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,574		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,840		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,155		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,177		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,225		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 5/21/2012 Email: lam53@msn.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1698927	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400286440	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>					
400284884	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286406	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286417	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286939	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Attached cement tickets as per opr.	8/21/2012 10:25:05 AM
Permit	Requested cement tickets from opr.	8/20/2012 2:53:53 PM
Permit	Changed the top of cement on the 1st string of casing, it is 2802' per operator.	5/22/2012 2:29:42 PM

Total: 3 comment(s)