

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:

400355194

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: 10112

4. Contact Name: Matt Stark

2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC

Phone: (972) 977-4692

3. Address: 16000 DALLAS PARKWAY #875

Fax: (303) 861-0604

City: DALLAS State: TX Zip: 75248-

5. API Number 05-103-11892-00

6. County: RIO BLANCO

7. Well Name: Banta Ridge Federal

Well Number: 5-18-1-103

8. Location: QtrQtr: Lot 4 Section: 18 Township: 1S Range: 103W Meridian: 6

Footage at surface: Distance: 1265 feet Direction: FSL Distance: 619 feet Direction: FWL

As Drilled Latitude: 39.957422 As Drilled Longitude: -109.005472

GPS Data:

Data of Measurement: 07/13/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 1944 feet. Direction: FSL Dist.: 652 feet. Direction: FWL

Sec: 18 Twp: 1S Rng: 103W

** If directional footage at Bottom Hole Dist.: 1940 feet. Direction: FSL Dist.: 656 feet. Direction: FWL

Sec: 18 Twp: 1S Rng: 103W

9. Field Name: BANTA RIDGE

10. Field Number: 5200

11. Federal, Indian or State Lease Number: COC56873

12. Spud Date: (when the 1st bit hit the dirt) 08/10/2012 13. Date TD: 08/29/2012 14. Date Casing Set or D&A: 09/01/2012

15. Well Classification:

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

16. Total Depth MD 4750 TVD** 4647 17 Plug Back Total Depth MD 4701 TVD** 4598

18. Elevations GR 6055 KB 6065

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:

Spectral Density
Array Compensated
True Resistivity

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	26	16	75#	0	40	19		40	VISU
SURF	12+1/4	8+5/8	24#	0	519	350		519	VISU
1ST	7+7/8	4+1/2	11.6# N80	3855	4,743	605	176	4,750	CBL
2ND	7+7/8	4+1/2	11.6# J55	0	3,855	605	176	4,750	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	
MESAVERDE	410		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	2,961		<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	3,264		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS B	4,431		<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: Matt Stark

Title: Drilling Engineer Date: _____ Email: mstark@foundationenergy.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"/>
400355299	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"/>
400355297	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400355296	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)