

**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



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Document Number:  
2237446

Date Received:  
07/24/2012

**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: 10259 4. Contact Name: GREG PORTER  
 2. Name of Operator: UNIT PETROLEUM COMPANY Phone: (918) 493-7700  
 3. Address: 7130 S LEWIS AVE STE 1000 Fax: (918) 477-4540  
 City: TUSLA State: OK Zip: 74136

5. API Number 05-083-06698-00 6. County: MONTEZUMA  
 7. Well Name: Little Ute Well Number: 2  
 8. Location: QtrQtr: SE NW Section: 11 Township: 34N Range: 20W Meridian: N  
 Footage at surface: Distance: 1750 feet Direction: FNL Distance: 2250 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date 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: LITTLE UTE 10. Field Number: 50665

11. Federal, Indian or State Lease Number: 751-90-0003

12. Spud Date: (when the 1st bit hit the dirt) 05/26/2012 13. Date TD: 06/11/2012 14. Date Casing Set or D&A: 06/13/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6150 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6103 TVD\*\* \_\_\_\_\_

18. Elevations GR 5185 KB 5202 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:  
DUAL SPACED NEUTRON 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	22	16	0	0	104	240	0	104	VISU
SURF	12+1/4	8+5/8	0	0	2,151	1,020	0	2,151	VISU
1ST	7+7/8	5+1/2	0	0	6,419	781	0	6,149	VISU

### 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	
ISMAY	5,804	5,928	<input type="checkbox"/>	<input type="checkbox"/>	
ISMAY-DESERT CREEK	5,928	5,993	<input type="checkbox"/>	<input type="checkbox"/>	
GOTHIC SHALE	5,993	6,032	<input type="checkbox"/>	<input type="checkbox"/>	
DESERT CREEK	6,032	6,072	<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: GREG PORTER

Title: ENGINEERING TECH Date: 7/9/2012 Email: GREG.PORTER@UNITCORP.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2237447	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
2237446	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date
Permit	Requested form 5A. The form 10 has been recieved.	12/3/2012 7:09:22 AM
Permit	No response on whether a CBL log was run.	9/26/2012 7:01:40 AM
Permit	Inquired about a CBL and LAS log.	9/7/2012 1:58:41 PM

Total: 3 comment(s)