

FORM  
5Rev  
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:

1828692

Date Received:

10/22/2007

## 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: 44350

4. Contact Name: PINGKAN ZAREMBA

2. Name of Operator: J-W OPERATING COMPANY

Phone: (303) 422-4990

3. Address: 7074 S REVERE PKWY

Fax: (303) 422-0178

City: CENTENNIAL State: CO Zip: 80112

5. API Number 05-081-07373-01

6. County: MOFFAT

7. Well Name: ACE DRAW STATE

Well Number: 44-36

8. Location: QtrQtr: SESE Section: 36 Township: 12N Range: 97W Meridian: 6

Footage at surface: Distance: 935 feet Direction: FSL Distance: 656 feet Direction: FEL

As Drilled Latitude: 40.952175 As Drilled Longitude: -108.232058

## GPS Data:

Date of Measurement: 03/26/2008 PDOP Reading: 2.7 GPS Instrument Operator's Name: J KRAMER

\*\* 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: 058476

12. Spud Date: (when the 1st bit hit the dirt) 07/15/2007 13. Date TD: 09/01/2007 14. Date Casing Set or D&amp;A: 09/05/2007

## 15. Well Classification:

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

16. Total Depth MD 11055 TVD\*\* 17 Plug Back Total Depth MD 11016 TVD\*\*

18. Elevations GR 6673 KB 6689

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:

MUD, NEU/SONIC, HOLE VOL, SONIC, IND, MICRO RS, DEN/NEU

## 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	24	16		0	76	0	0	76	CALC
SURF	11	8+5/8		0	1,124	323	0	1,124	CALC
1ST	8+7/8	5+1/2		0	11,055	1,444	4,800	11,055	CALC

**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	
FORT UNION	4,800	8,840	<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	8,840	9,134	<input type="checkbox"/>	<input type="checkbox"/>	
FOX HILLS	9,134	9,291	<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	9,291	10,890	<input type="checkbox"/>	<input type="checkbox"/>	
ALMOND	10,890	11,055	<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: Y \_\_\_\_\_

Print Name: PINGKAN ZAREMBA \_\_\_\_\_

Title: ENG TECH

Date: 10/8/2007

Email: PZAREMBA@JWOPERATING.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"/>
	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"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)