

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



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Document Number:

400369459

Date Received:

01/15/2013

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: 10361

4. Contact Name: Roy Dyer

2. Name of Operator: PRAIRIE RESOURCES LLC

Phone: (970) 454-3784

3. Address: 25975 HIGHWAY 14

Fax: (970) 454-3783

City: AULT State: CO Zip: 80610

5. API Number 05-123-32935-00

6. County: WELD

7. Well Name: Dyer

Well Number: 15-8

8. Location: QtrQtr: SW/SE Section: 8 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 662 feet Direction: FSL Distance: 1956 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name: Ben

** 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/07/2012 13. Date TD: 12/12/2012 14. Date Casing Set or D&A: 12/14/2012

15. Well Classification:

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

16. Total Depth MD 9170 TVD** 17 Plug Back Total Depth MD 9172 TVD**

18. Elevations GR 4949 KB 4965

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:

Open Hole Triple Combo (Halliburton)

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	852	580	0	852	CALC
1ST	8+5/8	5+1/2	17	0	9,170		0	9,172	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/14/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	9,170	805	1,300	9,172
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	3,846		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,604		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,250		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,911		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,149		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,200		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,672		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,963		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	8,231		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	8,757		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	9,012		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard Copies of Electronic Log and Geology Report will be mailed.

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

Signed: _____ Print Name: Roy Dyer

Title: Owner-Operator Date: 1/15/2013 Email: dyerequipment@aol.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"/>
<u>Other Attachments</u>					
400369459	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)