

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:
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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: 10382 4. Contact Name: Wayne Rowe
 2. Name of Operator: SCHLUMBERGER CARBON SERVICES Phone: (303) 244-8234
 3. Address: 1875 LAWRENCE ST., SUITE 500 Fax: (303) 297-9007
 City: DENVER State: CO Zip: 80202

5. API Number 05-081-07694-00 6. County: MOFFAT
 7. Well Name: RMCCS State Well Number: No. 1
 8. Location: QtrQtr: SWSE Section: 34 Township: 6N Range: 91W Meridian: 6
 Footage at surface: Distance: 210 feet Direction: FSL Distance: 2416 feet Direction: FEL
 As Drilled Latitude: 40.427350 As Drilled Longitude: -107.589703

GPS Data:
 Date of Measurement: 02/01/2012 PDOP Reading: _____ GPS Instrument Operator's Name: Peter Epp

** 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: N/A

12. Spud Date: (when the 1st bit hit the dirt) 01/15/2012 13. Date TD: 03/01/2012 14. Date Casing Set or D&A: 03/05/2012

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

16. Total Depth MD 9745 TVD** _____ 17 Plug Back Total Depth MD 55 TVD** _____

18. Elevations GR 6837 KB 6857 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:
 Platform Express, Combinable Magnetic Resonance (CMR), Elemental Capture Spectroscopy (ECS), Hostile Natural GR Sonde (HNGS), Formation Micro-Imager (FMI), Sonic Scanner, Mechanical Sidewall Coring Tool (MSCT)

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	20	94.0	0	20	10	0	20	CALC
SURF	17+1/2	13+3/8	54.5	0	1,362	1,113	0	1,362	CBL
1ST	12+1/4	9+5/8	40.0	1362	5,489	502	4,540	5,489	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	
NIOBRARA	6,154	6,700	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Full Diameter cores from 6580-6586, 6640-6693
CARLILE	7,806	7,861	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rotary Sidewall core at 7825
FRONTIER	7,861	8,096	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6 Rotary sidewall cores at 7863, 7904, 8018, 8060, 8155, 8170
MOWRY	8,096	8,274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Full diameter cores from 8180-8206, 8216-8260
DAKOTA	8,274	8,350	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10 Rotary sidewall cores at 8288, 8298, 8326, 8330, 8345, 8358, 8372, 8372.5, 8408, 8430
MORRISON	8,350	8,934	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Full dia cores: 8895-8925; 11 Rotary sidewall cores: 8455, 8475, 8490, 8515, 8550, 8631, 8675, 8780, 8807, 8850, 8882
CURTIS	8,934	9,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4 Rotary sidewall cores at 8945, 8980, 8992, 8996
ENTRADA	9,000	9,133	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Full diameter cores from 9012-9047; 4 Rotary sidewall cores from 9010, 9075, 9100, 9128
CHINLE	9,133	9,596	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 Rotary sidewall cores from 9155, 9175, 9190, 9255, 9380, 9400, 9444
SHINARUMP	9,596	9,630	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4 Rotary sidewall cores from 9475, 9550, 9603, 9626
MOENKOPI	9,630		<input type="checkbox"/>	<input checked="" type="checkbox"/>	3 Rotary sidewall cores from 7699.9, 9675, 9700

Comment:

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

Signed: _____ Print Name: Wayne Rowe

Title: Project Manager Date: _____ Email: rowe5@slb.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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

User Group	Comment	Comment Date

Total: 0 comment(s)