

**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:

1798794

Date Received:

02/05/2009

**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: 51090

4. Contact Name: JIM ROUTSON

2. Name of Operator: LONE MOUNTAIN PRODUCTION CO

Phone: (406) 245-5077

3. Address: P O BOX 80965 ATTN: JIM

Fax: (406) 248-6321

City: BILLINGS State: MT Zip: 59108-

5. API Number 05-103-10463-00

6. County: RIO BLANCO

7. Well Name: FEDERAL

Well Number: 24-13D

8. Location: QtrQtr: SWSW Section: 24 Township: 1S Range: 104W Meridian: 6

Footage at surface: Distance: 672 feet Direction: FSL Distance: 603 feet Direction: FWL

As Drilled Latitude: 39.941317 As Drilled Longitude: -109.024383

## GPS Data:

Data of Measurement: 11/19/2008 PDOP Reading: 1.8 GPS Instrument Operator's Name: JOE DYK

\*\* If directional footage at Top of Prod. Zone Dist.: 588 feet. Direction: FSL Dist.: 672 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 104W

\*\* If directional footage at Bottom Hole Dist.: 462 feet. Direction: FSL Dist.: 769 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 104W

9. Field Name: BANTA RIDGE

10. Field Number: 5200

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/10/2008 13. Date TD: 09/02/2008 14. Date Casing Set or D&amp;A: 09/05/2008

## 15. Well Classification:

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

16. Total Depth MD 8472 TVD\*\* 8463 17 Plug Back Total Depth MD 8000 TVD\*\* 7993

18. Elevations GR 6776 KB 6787

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:

GR-FDC-CNL, SP-DIL, CBL, DIRECTIONAL, BOREHOLE PROFILE, ACOUSTIC/GR, MUD

## 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	18	14		0	40		0	40	
SURF	12+1/4	9+5/8		0	1,149	450	0	1,150	
1ST	7+7/8	4+1/2		1370	8,377	750	1,370	8,378	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	
WASATCH	0	3,420	<input type="checkbox"/>	<input type="checkbox"/>	BUCK TONGUE = 3420-3660
CASTLEGATE	3,660	3,909	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,909	7,879	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,879	8,182	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	8,182		<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: JAMES G ROUTSON \_\_\_\_\_

Title: PRESIDENT

Date: 2/3/2009

Email: JIMROUTSON@LONEMTNPROD.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"/>
1300569	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 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)