

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:

400384644

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: 78110

4. Contact Name: Anne Baldrige

2. Name of Operator: SWEPI LP

Phone: (303) 305-7555

3. Address: 4582 S ULSTER ST PKWY #1400

Fax:

City: DENVER State: CO Zip: 80237

5. API Number 05-107-06247-00

6. County: ROUTT

7. Well Name: Trout Creek

Well Number: 1-30

8. Location: QtrQtr: 4 Section: 30 Township: 6N Range: 85W Meridian: 6

Footage at surface: Distance: 461 feet Direction: FSL Distance: 753 feet Direction: FWL

As Drilled Latitude: 40.442461 As Drilled Longitude: -106.972072

GPS Data:

Data of Measurement: 12/03/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: G.McElroy

** If directional footage at Top of Prod. Zone Dist.: 1362 feet. Direction: FSL Dist.: 1654 feet. Direction: FWL

Sec: 30 Twp: 6N Rng: 85W

** If directional footage at Bottom Hole Dist.: 1796 feet. Direction: FSL Dist.: 2448 feet. Direction: FWL

Sec: 30 Twp: 6N Rng: 85W

9. Field Name: CURTIS

10. Field Number: 14250

11. Federal, Indian or State Lease Number: 9163.7

12. Spud Date: (when the 1st bit hit the dirt) 01/16/2013 13. Date TD: 01/28/2013 14. Date Casing Set or D&A: 01/30/2013

15. Well Classification:

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

16. Total Depth MD 5500 TVD** 4838 17 Plug Back Total Depth MD 5500 TVD** 4838

18. Elevations GR 6880 KB 6895

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:

INT: GR/Resistivity/Density/Nertron/ECS/FMI/Sonic Scanner/Isolation Scanner (CBL)
TD: GR/Resistivity/Density/Neutron/ECS/Sonic Scanner/FMI/Isolation Scanner

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 | 30 | 20 | | 0 | 90 | 48 | 0 | 90 | CALC |
| SURF | 13+1/2 | 10+3/4 | 40.5 | 0 | 1,176 | 554 | 0 | 1,153 | CALC |
| 1ST | 9+7/8 | 7+5/8 | 33.7 | 0 | 3,988 | 392 | 0 | 3,988 | CBL |
| 1ST LINER | 6+3/4 | 5+1/2 | 17 | 3748 | 5,481 | | | | |

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 | |
| MANCOS | 0 | 4,120 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MORAPOS | 1,172 | 1,400 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 4,120 | 5,262 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CARLILE | 5,262 | 5,500 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The well started dropping significantly while drilling @ ~4350' MD. Attempts were made to correct this by sliding 100% and we were unable to build angle and the well kept dropping to an eventual point of 18.48 degrees inclination. @ 4852' MD we tripped and turned the angle on the motor from 1.83 degrees to 2.38 degrees. This allowed us to build up to 28.53 degrees at TD. TD was called shorter than permitted depth due to the uncertainty in formation tops, we TD'ed 100' into the Carlisle formation as originally planned, which equated to a MD of 5500' and a TVD of 4837.29'.

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

Signed: _____

Print Name: Anne Baldrige

Title: Swan Regulatory Lead

Date:

Email: A.baldrige@shell.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|--------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400420340 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400384652 | 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 checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400384650 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398720 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398721 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398722 | LAS- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398723 | LAS- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398724 | LAS- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398725 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398726 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398729 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398730 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398731 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398732 | LAS-CBL 2ND RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398733 | LAS-FORMATION MICRO SCAN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398734 | LAS-FORMATION MICRO SCAN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398735 | LAS-PLATFORM EXPRESS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398736 | LAS-PLATFORM EXPRESS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398737 | LAS-PLATFORM EXPRESS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398738 | LAS-PLATFORM EXPRESS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398739 | LAS-PLATFORM EXPRESS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398740 | LAS-PLATFORM EXPRESS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398741 | LAS-PLATFORM EXPRESS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398749 | LAS-SONIC | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398750 | LAS-SONIC | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398751 | LAS-SONIC | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400398754 | LAS-SONIC | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)