

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:
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
2. Name of Operator: SWEPI LP
3. Address: 4582 S ULSTER ST PKWY #1400
City: DENVER State: CO Zip: 80237
4. Contact Name: Anne Baldrige
Phone: (303) 305-7555
Fax:

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:
Date 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)