

**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:

400416573

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: 101101

4. Contact Name: Travis Leck

2. Name of Operator: SAGA PETROLEUM LIMITED LIABILITY CO OF CO

Phone: (303) 996-7766

3. Address: 600 17TH ST STE 1700N

Fax: (303) 996-7767

City: DENVER State: CO Zip: 80202

5. API Number 05-121-11020-00

6. County: WASHINGTON

7. Well Name: Jones Dupree

Well Number: 32-26A

8. Location: QtrQtr: SWNE Section: 26 Township: 3S Range: 51W Meridian: 6

Footage at surface: Distance: 2490 feet Direction: FNL Distance: 1591 feet Direction: FEL

As Drilled Latitude: 39.765130 As Drilled Longitude: -103.053350

GPS Data:

Data of Measurement: 06/10/2013 PDOP Reading: 3.2 GPS Instrument Operator's Name: Scott Estabrooks

** 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: RUSH WILLADEL

10. Field Number: 76000

11. Federal, Indian or State Lease Number: 53846

12. Spud Date: (when the 1st bit hit the dirt) 04/03/2013 13. Date TD: 04/07/2013 14. Date Casing Set or D&A: 04/08/2013

15. Well Classification:

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

16. Total Depth MD 4291 TVD** 17 Plug Back Total Depth MD 4244 TVD**

18. Elevations GR 4614 KB 4626

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:

Openhole Logs:
Compensated Density Neutron Gamma Ray
High Resolution Induction
Cased Hole Logs:
VDL CCL Gamma Ray Radial Bond Log

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	9+5/8	36	0	270	280	0	270	VISU
1ST	8+3/4	7	20	0	4,287	335	2,035	4,287	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	2,975		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	3,453		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,858		<input type="checkbox"/>	<input type="checkbox"/>	
J-3 SAND	3,961		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	4,123		<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: _____ Print Name: Kelly Lyman

Title: Engineering Tech Date: _____ Email: klyman@sagapetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400432019	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400418410	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)