

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> Document Number: <p style="text-align: center;">400416573</p> Date Received:	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>101101</u>		4. Contact Name: <u>Travis Leck</u>					
2. Name of Operator: <u>SAGA PETROLEUM LIMITED LIABILITY CO OF CO</u>		Phone: <u>(303) 996-7766</u>					
3. Address: <u>600 17TH ST STE 1700N</u>		Fax: <u>(303) 996-7767</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-121-11020-00</u>		6. County: <u>WASHINGTON</u>					
7. Well Name: <u>Jones Dupree</u>		Well Number: <u>32-26A</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>26</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2490</u> feet Direction: <u>FNL</u>		Distance: <u>1591</u> feet Direction: <u>FEL</u>					
As Drilled Latitude: <u>39.765130</u>		As Drilled Longitude: <u>-103.053350</u>					
GPS Data: Date of Measurement: <u>06/10/2013</u> PDOP Reading: <u>3.2</u> GPS Instrument Operator's Name: <u>Scott Estabrooks</u>							
** 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: <u>RUSH WILLADEL</u>		10. Field Number: <u>76000</u>					
11. Federal, Indian or State Lease Number: <u>53846</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>04/03/2013</u> 13. Date TD: <u>04/07/2013</u> 14. Date Casing Set or D&A: <u>04/08/2013</u>							
15. Well Classification: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>4291</u> TVD** _____		17 Plug Back Total Depth MD <u>4244</u> TVD** _____					
18. Elevations GR <u>4614</u> KB <u>4626</u>		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: <div style="text-align: center; border: 1px solid black; padding: 10px; margin-top: 10px;"> CASING </div>							

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 ?	
Attachment Checklist			
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"/>
Other Attachments			
400418410	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)