

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



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Document Number:

400370044

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: 10435 4. Contact Name: CLAYTON DOKE
 2. Name of Operator: PICO NIOBRARA LLC Phone: (970) 669-7411
 3. Address: 7979 IVANHOE AVENUE #300 Fax: (970) 669-4077
 City: SAN DIEGO State: CA Zip: 92037

5. API Number 05-123-36266-00 6. County: WELD
 7. Well Name: HOSHIKO Well Number: 1-1-36H
 8. Location: QtrQtr: SWSE Section: 25 Township: 5N Range: 64W Meridian: 6
 Footage at surface: Distance: 806 feet Direction: FSL Distance: 2353 feet Direction: FEL
 As Drilled Latitude: 40.365350 As Drilled Longitude: -104.496930

GPS Data:

Data of Measurement: 01/21/2013 PDOP Reading: 4.4 GPS Instrument Operator's Name: BRIAN ROTTINGHAUS

** If directional footage at Top of Prod. Zone Dist.: 502 feet. Direction: FNL Dist.: 2080 feet. Direction: FWL
 Sec: 36 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 513 feet. Direction: FNL Dist.: 511 feet. Direction: FWL
 Sec: 36 Twp: 5N Rng: 64W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 5555-80

12. Spud Date: (when the 1st bit hit the dirt) 12/07/2012 13. Date TD: 12/15/2012 14. Date Casing Set or D&A: 12/17/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8897 TVD** 6484 17 Plug Back Total Depth MD 8887 TVD** 6484

18. Elevations GR 4588 KB 4603 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:

DENSITY, NEUTRON, INDUCTION, CBL

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	13+1/2	9+5/8	36	0	549	215	0	549	VISU
1ST	8+3/4	7	29	0	7,020	435	400	7,020	CBL
1ST LINER	6	4+1/2	11.6	6401	8,887				

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			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

7" Casing could not be run to depth due to maximum rig overpull conditions. Productive interval isolation was achieved through external casing packers in the 4-1/2" string. This liner detail is attached.

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

Signed: _____

Print Name: CLAYTON DOKE

Title: SENIOR ENGINEER

Date:

Email: cdoke@iptengineers.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400439414	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"/>
400439422	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400370045	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400370049	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400370050	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)