

**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:  
400439288

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: 10414 4. Contact Name: Melissa Lasley  
 2. Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6518  
 3. Address: 1331 17TH STREET #400 Fax: (303) 407-6501  
 City: DENVER State: CO Zip: 80202

5. API Number 05-073-06497-00 6. County: LINCOLN  
 7. Well Name: FORRISTALL STATE Well Number: 36-11S-56W-02  
 8. Location: QtrQtr: SWNE Section: 36 Township: 11S Range: 56W Meridian: 6  
 Footage at surface: Distance: 2540 feet Direction: FNL Distance: 2540 feet Direction: FEL  
 As Drilled Latitude: 39.047860 As Drilled Longitude: -103.618370

GPS Data:

Date of Measurement: 07/05/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Robert J. Rubino

\*\* 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: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9378.7

12. Spud Date: (when the 1st bit hit the dirt) 01/17/2013 13. Date TD: 02/20/2013 14. Date Casing Set or D&A: 02/22/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8345 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8273 TVD\*\* \_\_\_\_\_

18. Elevations GR 5382 KB 5399

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:

CBL, Neutron Density, Resitivity, ADT\*, Sonic\*, CMR\*, ECS\*, HNGS\*

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	9+5/8	12+1/4	36	0	504	155	1	504	CALC
1ST	5+1/2	7+7/8	17	0	8,319	654	3,950	8,319	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	
DAKOTA			<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	3,069		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,354		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	5,558		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	5,734		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,727		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,060		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,228		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,434		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,101		<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: Melissa Lasley  
 Title: Engineering Technician Date: \_\_\_\_\_ Email: mlasley@cascajepetroleum.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400444935	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>			
400439461	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)