

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:
400449925

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: 10460
2. Name of Operator: HIGH PLAINS ENERGY LLC
3. Address: 4545 S MONACO STREET #116
City: DENVER State: CO Zip: 80237
4. Contact Name: Randy Wheat
Phone: (720) 480-7776
Fax: (720) 545-0389

5. API Number 05-075-09413-00
6. County: LOGAN
7. Well Name: Dune Ridge State Well Number: 32-1
8. Location: QtrQtr: SENE Section: 32 Township: 7N Range: 52W Meridian: 6
Footage at surface: Distance: 1986 feet Direction: FNL Distance: 663 feet Direction: FEL
As Drilled Latitude: 40.532180 As Drilled Longitude: -103.201930

GPS Data:
Date of Measurement: 07/17/2013 PDOP Reading: 3.9 GPS Instrument Operator's Name: Robert Anderson

** 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: DUNE RIDGE 10. Field Number: 19000
11. Federal, Indian or State Lease Number: 9254.7

12. Spud Date: (when the 1st bit hit the dirt) 01/19/2013 13. Date TD: 01/23/2013 14. Date Casing Set or D&A: 01/26/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4652 TVD** 17 Plug Back Total Depth MD 4592 TVD**

18. Elevations GR 4105 KB 4115
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, Newtron, Gamma Ray, High Res Induction
Original CBL Attached
Remedial CBL Attached

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	8+5/8	24#	0	675	490	0	675	CBL
1ST	7+7/8	5+1/2	15.5#	0	4,651	200	4,232	4,432	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	4,592	200	4,232	4,432
SQUEEZE	S.C. 2.1	4,459	100	4,432	4,652

Details of work:

Initial Cement Program:
See Cementer's Ticket

Remedial Cement Program:
See J.V. Operating Report
See Cementer's Ticket

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	3,642		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	3,954		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	4,002		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,195		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	4,432	4,458	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D SAND DST ONLY 4448'-4462'
J SAND	4,526	4,604	<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: Randy Wheat

Title: Manager Date: _____ Email: randy@highplainsenergyllc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400450521	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"/>
400450527	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452061	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400450523	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452055	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452056	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452135	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452181	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)