

FORM
5Rev
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:

400465256

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: 200184

4. Contact Name: Jeff Reale

2. Name of Operator: TRILOGY RESOURCES LLC

Phone: (970) 663-1448

3. Address: 5441 BOEING DRIVE #100

Fax: (970) 667-0046

City: LOVELAND State: CO Zip: 80538

5. API Number 05-123-36548-00

6. County: WELD

7. Well Name: Wind

Well Number: 17-21

8. Location: QtrQtr: SENW Section: 17 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 1439 feet Direction: FNL Distance: 1548 feet Direction: FWL

As Drilled Latitude: 40.316380 As Drilled Longitude: -104.918040

GPS Data:

Date of Measurement: 06/10/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: C.V.M.

** If directional footage at Top of Prod. Zone Dist.: 671 feet. Direction: FNL Dist.: 1808 feet. Direction: FEL

Sec: 17 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 671 feet. Direction: FNL Dist.: 1808 feet. Direction: FEL

Sec: 17 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/25/2013 13. Date TD: 04/28/2013 14. Date Casing Set or D&A: 04/29/2013

15. Well Classification:

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

16. Total Depth MD 7398 TVD** 7320 17 Plug Back Total Depth MD 7356 TVD** 7278

18. Elevations GR 4794 KB 4808

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:

Commingled open hole logs, cement 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 | 8+5/8 | 4 | 0 | 689 | 450 | 0 | 689 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,375 | 520 | 2,375 | 7,375 | |

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 | |
| PARKMAN | 3,542 | 3,484 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,140 | 4,072 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,612 | 4,537 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,908 | 6,831 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,212 | 7,135 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,233 | 7,156 | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,290 | 7,213 | <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: Jeff Reale

Title: Manager Date: _____ Email: jeff@mistymountainop.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|---------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400465300 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400465310 | 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"/> |
| 400467812 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400465286 | LAS-COMBINATION OPEN HOLE | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400465289 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400465306 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group Comment Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)