

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:
400467844

Date Received:
08/14/2013

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 05-123-36437-00 6. County: WELD
 7. Well Name: Wind Well Number: 17-23
 8. Location: QtrQtr: SESW Section: 17 Township: 4N Range: 67W Meridian: 6
 Footage at surface: Distance: 577 feet Direction: FSL Distance: 1830 feet Direction: FWL
 As Drilled Latitude: 40.307390 As Drilled Longitude: -104.916530

GPS Data:
 Date of Measurement: 06/10/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: C.V.M.

** If directional footage at Top of Prod. Zone Dist.: 1948 feet. Direction: FSL Dist.: 1932 feet. Direction: FWL
 Sec: 17 Twp: 4N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1948 feet. Direction: FSL Dist.: 1932 feet. Direction: FWL
 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) 04/29/2013 13. Date TD: 05/03/2013 14. Date Casing Set or D&A: 05/04/2013

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

16. Total Depth MD 7563 TVD** 7354 17 Plug Back Total Depth MD 7530 TVD** 7321

18. Elevations GR 4841 KB 4855 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	7,530	510	2,700	7,530	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	
PARKMAN	3,663	3,533	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,273	4,111	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,752	4,570	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,110	6,902	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,377	7,169	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,400	7,192	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,458	7,258	<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: 8/14/2013 Email: jeff@mistymountainop.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400467932	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400467927	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400467844	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400467928	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400467933	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400467936	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400467940	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)