

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:

1947298

Date Received:

09/11/2009

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: 72085 4. Contact Name: AMY KARWAN
2. Name of Operator: PETRO-CANADA RESOURCES (USA) INC Phone: (303) 297-2100
3. Address: 999 18TH ST STE 600 ATTN Fax: (303) 297-7708
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-25736-00 6. County: WELD
7. Well Name: BUXMAN Well Number: 28-12
8. Location: QtrQtr: NWNE Section: 28 Township: 6N Range: 66W Meridian: 6
Footage at surface: Distance: 650 feet Direction: FNL Distance: 1947 feet Direction: FEL
As Drilled Latitude: 40.464820 As Drilled Longitude: -104.780530

GPS Data:

Data of Measurement: 12/22/2008 PDOP Reading: 4.4 GPS Instrument Operator's Name: DENNIS SCHNEIDER

** 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: BRACEWELL 10. Field Number: 7487

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/16/2008 13. Date TD: 12/19/2008 14. Date Casing Set or D&A: 12/20/2008

15. Well Classification:

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

16. Total Depth MD 7276 TVD** 17 Plug Back Total Depth MD 7255 TVD**

18. Elevations GR 4737 KB 4749

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:

SONIC BOND/GR/CCL, COMP DENSITY & NEUTRON/GR, DUAL IND/GR

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		0	424	240	0	424	CALC
1ST	7+7/8	4+1/2		0	7,270	1,190	590	7,270	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	3,583	3,978	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,298	4,423	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,746	4,810	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,783	7,066	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,117	7,137	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y Print Name: AMY KARWAN

Title: ANALYST - ENG & OPS Date: 9/10/2009 Email: AKARWAN@SUNCOR.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)