

**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



DE ET OE ES

Document Number:

2609060

Date Received:

10/06/2009

**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 05-123-29740-00

6. County: WELD

7. Well Name: HORNUNG

Well Number: 28-41

8. Location: QtrQtr: NESE Section: 28 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 2174 feet Direction: FSL Distance: 472 feet Direction: FEL

As Drilled Latitude: 40.282970 As Drilled Longitude: -105.000400

## GPS Data:

Data of Measurement: 08/21/2009 PDOP Reading: 3.1 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/14/2009 13. Date TD: 08/19/2009 14. Date Casing Set or D&amp;A: 08/20/2009

## 15. Well Classification:

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

16. Total Depth MD 7510 TVD\*\* 17 Plug Back Total Depth MD 7478 TVD\*\*

18. Elevations GR 5048 KB 5062

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 LOG/GR/CCL, COMPENSATED DENSITY &amp; NEUTRON/GR, DUAL INJECTION/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	673	277	0	673	CALC
1ST	7+7/8	4+1/2		0	7,493	1,198	295	7,510	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	3,559	3,954	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,199	4,254	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,592	4,753	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,033	7,288	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,350	7,373	<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: Y _____ Print Name: AMY KARWAN _____
Title: ANALYST - ENG. & TECH. _____ Date: 10/5/2009 _____ 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)