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Document Number:
2431316

Date Received:
10/31/2013

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: 95620 4. Contact Name: STEVEN D. JAMES
 2. Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 893-24332
 3. Address: 518 17TH ST STE 200 Fax: (303) 629-5735
 City: DENVER State: CO Zip: 80202

5. API Number 05-075-07416-00 6. County: LOGAN
 7. Well Name: Stuarco State Well Number: 1
 8. Location: QtrQtr: NWNE Section: 16 Township: 11N Range: 53W Meridian: 6
 Footage at surface: Distance: 1002 feet Direction: FNL Distance: 1640 feet Direction: FEL
 As Drilled Latitude: 40.931881 As Drilled Longitude: -103.291780

GPS Data:
 Date of Measurement: 12/13/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: BRIAN THOMAS

** 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: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: 1712.11

12. Spud Date: (when the 1st bit hit the dirt) 09/11/1966 13. Date TD: _____ 14. Date Casing Set or D&A: 06/28/2012

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

16. Total Depth MD 5520 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 4632 KB 4636 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:
NONE

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	143	120	0	143	
1ST	7+7/8	5+1/2		0	5,520	200	4,950	5,520	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	
J SAND	5,479		<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: STEVEN D. JAMES

Title: PRESIDENT Date: 10/28/2013 Email: STEVE@WESTERNOPERATING.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"/>
<u>Other Attachments</u>			
2431316	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Received casing setting date and CBL.	1/6/2014 11:37:11 AM
Engineer	Requested casing setting date and CBL.	1/3/2014 12:21:43 PM

Total: 2 comment(s)