

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:

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)