

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:

400547925

Date Received:

## 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: 10213

4. Contact Name: Dominic Bazile

2. Name of Operator: DJ RESOURCES INC

Phone: (303) 595-7430

3. Address: 1600 BROADWAY #1960

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33198-00

6. County: WELD

7. Well Name: Crow Valley 7-62-32

Well Number: 1M

8. Location: QtrQtr: NESE Section: 32 Township: 7N Range: 62W Meridian: 6

Footage at surface: Distance: 1390 feet Direction: FSL Distance: 2374 feet Direction: FEL

As Drilled Latitude: 40.526801 As Drilled Longitude: -104.345257

## GPS Data:

Date of Measurement: 06/17/2011 PDOP Reading: 3.2 GPS Instrument Operator's Name: Adam Harmon

\*\* 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:

12. Spud Date: (when the 1st bit hit the dirt) 05/26/2011 13. Date TD: 06/08/2011 14. Date Casing Set or D&amp;A: 06/10/2011

## 15. Well Classification:

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

16. Total Depth MD 7609 TVD\*\* 17 Plug Back Total Depth MD 7509 TVD\*\*

18. Elevations GR 4920 KB 4950

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:

Triple Combo, Sonic, CBL, Mud

## 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
CONDUCTOR	17+1/2	16		0	90				
SURF	12+1/4	8+5/8	32	0	758	411	0	758	CALC
1ST	7+7/8	5+1/2	20	0	7,601	900	2,530	7,601	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	3,586		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,396		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,139		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,504		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,599		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,300		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,572		<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: Erin Bibeau

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: ebibeau@golder.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<b><u>Attachment Checklist</u></b>		
400548134	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>		
400548133	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548147	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548148	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548150	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548154	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548161	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548180	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548188	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548214	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548233	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548259	TIF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)