

**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



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Document Number:  
400562767

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: <u>68710</u>	4. Contact Name: <u>Clayton Doke</u>
2. Name of Operator: <u>PETERSON ENERGY OPERATING INC</u>	Phone: <u>(720) 420-5700</u>
3. Address: <u>2154 W EISENHOWER BLVD</u>	Fax: <u>(720) 420-5800</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>	

5. API Number <u>05-123-34431-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>NIELSEN</u>	Well Number: <u>4-23</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>23</u> Township: <u>1N</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>662</u> feet Direction: <u>FNL</u> Distance: <u>662</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: _____ As Drilled Longitude: _____	

**GPS Data:**

Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* 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) 04/07/2013 13. Date TD: 04/14/2013 14. Date Casing Set or D&A: 04/18/2013

**15. Well Classification:**

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8400 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8400 TVD\*\* \_\_\_\_\_

18. Elevations GR 4974 KB 4986

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, 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
SURF	12+1/4	8+5/8	24	0	817	319	0	817	VISU

**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	
SUSSEX	4,050		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,850		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,050		<input type="checkbox"/>	<input type="checkbox"/>	
J-2 SAND	7,058		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,246		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,364		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The As-Drilled latitude and longitude measurements will be submitted via Sundry by 03-07-14.  
Please note the subsequent Well Abandonment Report, doc # 400563336.

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

Signed: \_\_\_\_\_ Print Name: Clayton Doke

Title: Senior Engineer Date: \_\_\_\_\_ Email: clay.doke@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400562938	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>Other Attachments</b>			
400562939	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400563261	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)