

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:

400563540

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: 57667

4. Contact Name: CLAYTON DOKE

2. Name of Operator: MINERAL RESOURCES, INC.

Phone: (720) 420-5700

3. Address: PO BOX 328

Fax: (720) 420-5800

City: GREELEY State: CO Zip: 80632

5. API Number 05-123-24199-00

6. County: WELD

7. Well Name: TRI POINT

Well Number: E3

8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 244 feet Direction: FNL Distance: 1241 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date 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) 03/21/2007 13. Date TD: 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 7893 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 4675 KB 4692

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:

CBL

## 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	13+3/4	9+5/8	36	0	478	430	0	478	VISU
1ST	8+3/4	4+1/2	13.5	0	7,878	700	3,450	7,878	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/02/2008

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	2,527	600	410	2,527

Details of work:

Run 1" tubing to 2527' in the 4.5" annulus. Pumped 200 sx (13.6 ppg, 1.54 yield). Displaced w/ 2 bbls Water. Pulled tubing to 1685'. Pumped 200 sx (13.6 ppg, 1.54 yield). Pulled tubing to 837'. Pumped 200 sx (13.6 ppg, 1.54 yield). Got 10 bbls of cement to surface.

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	
			<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: CLAYTON DOKE

Title: SENIOR PETROLEUM ENGINEER

Date: \_\_\_\_\_

Email: cdoke@iptengineers.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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400563604	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)