

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



DE ET OE ES

Document Number:
400573388

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
2. Name of Operator: MINERAL RESOURCES, INC.
3. Address: PO BOX 328
City: GREELEY State: CO Zip: 80632
4. Contact Name: CLAY DOKE
Phone: (720) 420-5700
Fax: (720) 420-5800

5. API Number 05-123-38292-00
6. County: WELD
7. Well Name: DT-Habitat Well Number: 4-5-6
8. Location: QtrQtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 347 feet Direction: FNL Distance: 1834 feet Direction: FEL
As Drilled Latitude: 40.435570 As Drilled Longitude: -104.684270

GPS Data:
Date of Measurement: 03/03/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: M. SMALL

** If directional footage at Top of Prod. Zone Dist.: 1780 feet. Direction: FNL Dist.: 2152 feet. Direction: FWL
Sec: 5 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1587 feet. Direction: FNL Dist.: 500 feet. Direction: FWL
Sec: 6 Twp: 5N Rng: 65W

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) 10/26/2013 13. Date TD: 12/20/2013 14. Date Casing Set or D&A: 12/25/2013

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

16. Total Depth MD 14525 TVD** 6869 17 Plug Back Total Depth MD 14525 TVD** 6869

18. Elevations GR 4642 KB 4664
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:

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	9+5/8	36	0	1,043	212	0	1,043	VISU
1ST	8+3/4	7	29	0	7,507	770	0	7,507	CBL
1ST LINER	6+1/8	4+1/2	13.5	7367	14,520				

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	3,677		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,525		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,335		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,965		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Triple-combo, open-hole log not run on this well. Planning to run Triple-combo log on remaining to-be-drilled wells on this location (Downtown Directional #1, 432599).
LAS version of Mud Log not available.

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

Signed: _____ Print Name: Ruben Markarian

Title: Engineering Tech. Date: _____ Email: ruben.markarian@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400582810	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400573460	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
400573463	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400582798	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400582799	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400582809	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)