

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:

400574258

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: CLAY 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 05-123-38297-00

6. County: WELD

7. Well Name: DT-Forbes

Well Number: 5-5-6

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

Footage at surface: Distance: 602 feet Direction: FNL Distance: 1833 feet Direction: FEL

As Drilled Latitude: 40.434870 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.: 700 feet. Direction: FSL Dist.: 2107 feet. Direction: FWL

Sec: 5 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 661 feet. Direction: FSL Dist.: 501 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) 02/03/2014 13. Date TD: 02/22/2014 14. Date Casing Set or D&A: 02/26/2014

15. Well Classification:

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

16. Total Depth MD 15870 TVD** 6891 17 Plug Back Total Depth MD 15870 TVD** 6891

18. Elevations GR 4640 KB 4662

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	1,047	215	0	1,047	VISU
1ST	8+3/4	7	29	0	8,873	850	786	8,873	CBL
1ST LINER	6+1/8	4+1/2	13.5	7137	15,862				

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	
NIOBRARA	8,262		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Formation tops for Parkman, Sussex and Shannon not available.
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).
Mud Logs 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>					
400574280	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400574266	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>					
400574265	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400582843	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400582845	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)