

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



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Document Number:

400568771

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: 10409

4. Contact Name: Terry L. Hoffman

2. Name of Operator: PEAKVIEW OPERATING COMPANY, LLC

Phone: (720) 542-8287

3. Address: 216 16TH STREET, SUITE 1450

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-081-07782-00

6. County: MOFFAT

7. Well Name: Kowach

Well Number: 24-9 SWD

8. Location: QtrQtr: SESW Section: 9 Township: 6N Range: 90W Meridian: 6

Footage at surface: Distance: 153 feet Direction: FSL Distance: 1643 feet Direction: FWL

As Drilled Latitude: 40.485150 As Drilled Longitude: -107.499177

GPS Data:

Date of Measurement: 08/17/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: M.C.

** 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: BUCK PEAK

10. Field Number: 7675

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/13/2013 13. Date TD: 08/19/2013 14. Date Casing Set or D&A: 08/21/2013

15. Well Classification:

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

16. Total Depth MD 4605 TVD** 17 Plug Back Total Depth MD 4605 TVD**

18. Elevations GR 6291 KB 6305

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:

Induction, Density, Nuetron, GR & Caliper

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	20	16	42.1	0	150	400	0	150	VISU
1ST	12+1/4	8+5/8	32	0	2,082	780	0	2,082	VISU
2ND	7+7/8	5+1/2	17	0	4,606	610	0	4,606	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	
TROUT CREEK	2,120	2,165	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,268	4,605	<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	4,252	4,460	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

A directional survey was attached for this well. I did not complete the top and bottom of producing zone because this well is permitted as a disposal well. The new BHL is now in Section 9-T6N-R90W - still a legal location. Lease description is S/2 of the SW/4 Section 9-T6N-R90W & N/2 of NW/4 Section 16-T6N-R90W.

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

Signed: _____

Print Name: Terry L. Hoffman

Title: Permit Agent

Date:

Email: terry@rockymountainpermitting.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400574929	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"/>
<u>Other Attachments</u>					
400568803	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400568805	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400588240	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User GroupCommentComment Date

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Total: 0 comment(s)