

Document Number:
400589012

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: 10440 4. Contact Name: Kimberly Rodell
 2. Name of Operator: AURORA POWER RESOURCES INC Phone: (303) 942-0506
 3. Address: 4645 SWEETWATER BLVD STE 200 Fax: _____
 City: SUGAR LAND State: TX Zip: 77479

5. API Number 05-087-08177-00 6. County: MORGAN
 7. Well Name: Ehrlich Well Number: 1A
 8. Location: QtrQtr: NWSW Section: 12 Township: 4N Range: 60W Meridian: 6
 Footage at surface: Distance: 2461 feet Direction: FSL Distance: 240 feet Direction: FWL
 As Drilled Latitude: 40.326720 As Drilled Longitude: -104.054310

GPS Data:
 Date of Measurement: 04/11/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott Estabrooks

** If directional footage at Top of Prod. Zone Dist.: 1167 feet. Direction: FNL Dist.: 644 feet. Direction: FWL
 Sec: 12 Twp: 4N Rng: 60W
 ** If directional footage at Bottom Hole Dist.: 1114 feet. Direction: FNL Dist.: 655 feet. Direction: FWL
 Sec: 12 Twp: 4N Rng: 60W

9. Field Name: BIJOU WEST 10. Field Number: 6730
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/18/2014 13. Date TD: 02/26/2014 14. Date Casing Set or D&A: 02/28/2014

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

16. Total Depth MD 6685 TVD** 6428 17 Plug Back Total Depth MD 6587 TVD** 6332

18. Elevations GR 4462 KB 4476 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:
Platform Express/Triple Combo, Micro Log, XPT, Mech SW cores, Cmt Bond VDL

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	534	292	0	534	CALC
1ST	7+7/8	5+1/2	15.5	0	4,473	425	4,150	6,685	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	
NIOBRARA	5,685	6,016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12 Rotary side-wall cores - special analysis
FORT HAYS	5,970	6,016	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,088	6,164	<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	6,250	6,328	<input type="checkbox"/>	<input type="checkbox"/>	
X BENTONITE	6,328	6,332	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	6,430	6,451	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3 Rotary side-wall cores - conventional analysis
J SAND	6,502	6,646	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6 Rotary side-wall cores - conventional analysis

Comment:

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

Signed: _____ Print Name: Kimberly J. Rodell

Title: Permit Agent Date: _____ Email: krodell@upstreampm.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400589025	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400589080	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"/>
Other Attachments			
400589013	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589014	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589015	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589020	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589021	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589022	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589023	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589024	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589027	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)