

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



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Document Number:
400613161

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: <u>52530</u>	4. Contact Name: <u>Ryan Warner</u>
2. Name of Operator: <u>MAGPIE OPERATING, INC</u>	Phone: <u>(720) 233-0875</u>
3. Address: <u>2707 SOUTH COUNTY RD 11</u>	Fax: <u>(970) 669-6396</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>	

5. API Number <u>05-069-06050-00</u>	6. County: <u>LARIMER</u>
7. Well Name: <u>HALE</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>31</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>660</u> feet Direction: <u>FSL</u> Distance: <u>660</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: _____ As Drilled Longitude: _____	

GPS Data:

Data 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: LOVELAND 10. Field Number: 52000

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/22/2014 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5504 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 5084 KB 11

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
1ST	7+7/8	5+1/2	15.5	0	5,504	300	4,100	5,504	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/21/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,101	106	3,500	3,810

Details of work:

POOH with tubing, ran notch collar +170 joints, rolled the hole clean, POOH w tubing.
 Ran casing scraper +145 joints, POOH w tubing, ran bridge plug +134 joints, didn't set, rolled the hole, POOH with tubing and plug.
 Ran bridge plug +134 jts, set plug at 4101, dumped 100# sand on top, ran tension packer to test, found leak at 3750', casing tested ok w 126 jts, 3765'.
 Dropped standing valve, to test tubing, leaking, POOH, RU hydrotester, tested, ran packer +114 jts, set packer at 3462, dumped 300# sand.
 Squeezed 10,000# neat cement at 14#+ down tubing, +25 bbls water.
 POOH w tubing and packer, ran cone bit, drill collar, +120 jts, RU power swivel, drilling at 3655, drilled 120' cement.
 Drilled 200' of cement, clean out to 5350', rolled hole clean. POOH w tubing.
 Ran SN+174 jts 2 7/8, rolled hole clean, POOH w tubing, ran tension packer to test casing, didn't set, rolled hole.
 POOH w tubing, ran casing scraper +174 jts, rolled hole clean, POOH w tubing.
 Ran model R +145 jts, set packer, tested casing to 400 psi, held ok. POOH with tubing, ran SN +175 jts 2 7/8, rolled hole.

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: Ryan Warner
 Title: VP Date: _____ Email: magpieoil@yahoo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400614931	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
400614919	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400614920	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)