

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:

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: 52530

4. Contact Name: Ryan Warner

2. Name of Operator: MAGPIE OPERATING, INC

Phone: (720) 233-0875

3. Address: 2707 SOUTH COUNTY RD 11

Fax: (970) 669-6396

City: LOVELAND State: CO Zip: 80537

5. API Number 05-069-06050-00

6. County: LARIMER

7. Well Name: HALE

Well Number: 2

8. Location: QtrQtr: SESE Section: 31 Township: 5N Range: 68W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL

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)