

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:

2089699

Date Received:

01/31/2014

## 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: 31257

4. Contact Name: GENE FRITZLER

2. Name of Operator: FRITZLER RESOURCES INC

Phone: (970) 8679388

3. Address: P O BOX 114

Fax: (866) 7374804

City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-121-11023-00

6. County: WASHINGTON

7. Well Name: AGNAS FRIEDLY

Well Number: 1

8. Location: QtrQtr: SWNW Section: 5 Township: 2N Range: 51W Meridian: 6

Footage at surface: Distance: 1800 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.172040 As Drilled Longitude: -103.113880

## GPS Data:

Data of Measurement: 12/23/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: DARREN VEAL

\*\* 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: SIOUX

10. Field Number: 77550

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/15/2013 13. Date TD: 05/21/2013 14. Date Casing Set or D&amp;A: 05/23/2013

## 15. Well Classification:

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

16. Total Depth MD 4565 TVD\*\* 17 Plug Back Total Depth MD 4547 TVD\*\*

18. Elevations GR 4490 KB 4502

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:

DIL, POR, LAS, CBL

## 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	210	207	0	211	
1ST	7+7/8	5+1/2	17	0	4,559	125	4,118	0	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	3,499		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	3,904		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	3,964		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,117		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	4,315		<input type="checkbox"/>	<input type="checkbox"/>	
MUDDY D	4,372		<input type="checkbox"/>	<input type="checkbox"/>	
HUNTSMAN	4,450		<input type="checkbox"/>	<input type="checkbox"/>	
MUDDY J	4,466		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
970-768-0845	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: GENE FRITZLER
Title: VP	Date: 1/25/2014      Email: GFRTZLER@BRENSNAN.NET

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2518945	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2089701	Core Analysis	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
2089699	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2089700	WIRELINE JOB SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2518946	IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	several type-os	3/6/2014 4:13:56 PM
Permit	Attached cement ticket and LAS log.	2/10/2014 9:42:25 AM
Permit	Las and pdf log files were submitted to Diana. Bison cement tickets were submitted pg 11 forward. permoperator 2/5/2014	2/7/2014 9:54:27 AM
Permit	Operator completed the D sand possibly without a permit.	2/5/2014 6:38:41 AM
Permit	Requested LAS log.	2/5/2014 6:07:48 AM
Permit	Requested surface casing cement ticket.	2/5/2014 6:06:27 AM

Total: 6 comment(s)