

Document Number:
 400664177

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: 10373 4. Contact Name: Paul Gottlob
 2. Name of Operator: NGL WATER SOLUTIONS DJ LLC Phone: (720) 420-5747
 3. Address: 3773 CHERRY CRK NORTH DR #1000 Fax: _____
 City: DENVER State: CO Zip: 80209

5. API Number 05-123-38533-00 6. County: WELD
 7. Well Name: NGL Well Number: C11
 8. Location: QtrQtr: SESE Section: 27 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 380 feet Direction: FSL Distance: 817 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date 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: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/28/2014 13. Date TD: 08/09/2014 14. Date Casing Set or D&A: 08/11/2014

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

16. Total Depth MD 9410 TVD** _____ 17 Plug Back Total Depth MD 9410 TVD** _____

18. Elevations GR 4521 KB 4535 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:
Triple Combo .pdf & .las
Mud .pdf

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	9+5/8	36	0	739	229	0	750	VISU
1ST	8+3/4	7	26	0	7,739	160	6,331	7,749	CALC
1ST LINER	6+1/8	4+1/2	11.6	7646	9,408				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,331	610	550	6,331

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	
LYONS	7,724	7,892	<input type="checkbox"/>	<input type="checkbox"/>	
LOWER SATANKA	7,892	8,114	<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	8,114	8,198	<input type="checkbox"/>	<input type="checkbox"/>	
AMAZON	8,198	8,246	<input type="checkbox"/>	<input type="checkbox"/>	
COUNCIL GROVE	8,246	8,402	<input type="checkbox"/>	<input type="checkbox"/>	
Admire	8,402	8,448	<input type="checkbox"/>	<input type="checkbox"/>	
VIRGIL	8,448	8,592	<input type="checkbox"/>	<input type="checkbox"/>	
MISSOURI	8,592	9,338	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	9,338	9,410	<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: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400664608	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"/>
Other Attachments			
400664218	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664238	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400664844	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)