

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:

400666588

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: 10433

4. Contact Name: mel lackie

2. Name of Operator: PICEANCE ENERGY LLC

Phone: (303) 339-4400

3. Address: 1512 LARIMER STREET #1000

Fax: (303) 339-4399

City: DENVER State: CO Zip: 80202

5. API Number 05-045-15794-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 29-13B

8. Location: QtrQtr: NESW Section: 29 Township: 6S Range: 93W Meridian: 6

Footage at surface: Distance: 1871 feet Direction: FSL Distance: 2118 feet Direction: FWL

As Drilled Latitude: 39.494930 As Drilled Longitude: -107.800580

GPS Data:

Date of Measurement: 02/04/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: Matt Busker

** If directional footage at Top of Prod. Zone Dist.: 828 feet. Direction: FSL Dist.: 672 feet. Direction: FWL

Sec: 29 Twp: 6s Rng: 93w

** If directional footage at Bottom Hole Dist.: 795 feet. Direction: FSL Dist.: 627 feet. Direction: FWL

Sec: 29 Twp: 6s Rng: 93w

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC 64181

12. Spud Date: (when the 1st bit hit the dirt) 09/20/2008 13. Date TD: 10/10/2008 14. Date Casing Set or D&A: 10/13/2008

15. Well Classification:

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

16. Total Depth MD 10038 TVD** 9787 17 Plug Back Total Depth MD 9988 TVD** 9737

18. Elevations GR 6204 KB 6223

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:

hri, sd, dsn, gr, cal, temp, 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
CONDUCTOR	26	16	42	0	40	4	0	40	CALC
SURF	12+1/4	8+5/8	32	0	1,543	420	0	1,543	CALC
1ST	7+7/8	4+1/2	11.6	0	10,036	1,330	4,300	10,036	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	
WILLIAMS FORK	5,237		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,009		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,437		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,709		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

We had a battery failure in our tool at 9681'. We continued to drill to TD. At that point, our inclination was 0.90 degrees. The TVD are estimates based on depth difference at 9681'.

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

Signed: _____ Print Name: mel lackieTitle: engineering technician

Date: _____

Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400666687	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"/>
<u>Other Attachments</u>					
400666640	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400666666	PDF-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400666673	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400666675	LAS-TEMPERATURE	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)