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Document Number:
400561452

Date Received:
03/03/2014

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: 10328 4. Contact Name: Tyson Foutz
 2. Name of Operator: SOUTHWESTERN ENERGY VENTURES COMPANY Phone: (505) 3206275
 3. Address: PO BOX 1056 Fax: (970) 4031129
 City: BAYFIELD State: CO Zip: 81122

5. API Number 05-077-10161-00 6. County: MESA
 7. Well Name: Thomas Well Number: 5
 8. Location: QtrQtr: 20 Section: 4 Township: 9S Range: 104W Meridian: 6
 Footage at surface: Distance: 3173 feet Direction: FSL Distance: 847 feet Direction: FEL
 As Drilled Latitude: 39.305590 As Drilled Longitude: -108.997270

GPS Data:
 Date of Measurement: 02/27/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: D. Jenkins

** 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: BAR X 10. Field Number: 5470
 11. Federal, Indian or State Lease Number: COC65155

12. Spud Date: (when the 1st bit hit the dirt) 03/04/2012 13. Date TD: 03/10/2012 14. Date Casing Set or D&A: 03/11/2012

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

16. Total Depth MD 3150 TVD** _____ 17 Plug Back Total Depth MD 3055 TVD** _____

18. Elevations GR 4938 KB 4948 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:
Density/Neutron, Caliper, Induction, GR, 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	11	7	23	0	376	159	376	376	VISU
1ST	6+1/8	4+1/2	10.5	0	3,100	107	1,422	3,100	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	
DAKOTA	2,127	2,233	<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR MOUNTAIN	2,265	2,332	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	2,332	2,929	<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	2,929		<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: Tyson Foutz

Title: Consultant Date: 3/3/2014 Email: tyson@foutzconsulting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400564932	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"/>
<u>Other Attachments</u>			
2189054	WELL INFORMATION CEMENT BOND LOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400561452	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400564860	CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400564861	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400564862	DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
	Passes Permitting:Requested CBL. CBL supplied, APD approved as straight hole. Operator verifies GPS reflects "as drilled" well location. (email of 7/29/14.)	7/23/2014 11:27:55 AM

Total: 1 comment(s)