| FORM 5 Rev 09/14 | State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 **DRILLING COMPLETION REPORT** | DNR CO | DE | ET | OE | ES |

Document Number:

400690717

Date Received:

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   [X] Final completion   [ ] Preliminary completion

OGCC Operator Number: 10414   Contact Name: Bryan Bugg

Name of Operator: CASCADE PETROLEUM LLC   Phone: (303) 407-6508

Address: 1331 17TH STREET #400   Fax: (303) 407-6501

City: DENVER   State: CO   Zip: 80202

API Number   05-073-06584-00   County: LINCOLN

Well Name: STATE   Well Number: 10S-56W-14-44

Location: QtrQtr: SESE   Section: 14   Township: 10S   Range: 56W   Meridian: 6

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

    As Drilled Latitude: 39.173380   As Drilled Longitude: -103.624230

GPS Data:

   Date of Measurement: 08/06/2014   PDOP Reading: 1.7   GPS Instrument Operator's Name: Bob Rubino

   ** 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: _____

Field Name: WILDCAT   Field Number: 99999

Federal, Indian or State Lease Number: 9369.7

Spud Date: (when the 1st bit hit the dirt)   03/28/2014   Date TD: 05/02/2014   Date Casing Set or D&A: 05/06/2014

Rig Release Date: _____   *for Multi-Well Location ONLY

Well Classification:

[ ] Dry   [X] Oil   [ ] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

| Total Depth | MD | 8320 | TVD** | _____ | Plug Back Total Depth | MD | 8264 | TVD** | _____ |

| Elevations | GR | 5235 | KB | 15 | **Digital Copies of ALL Logs must be Attached per Rule 308A**   [ ] |

List Electric Logs Run:

CBL, Density/Neutron, Induciton, Gamma

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	521	175	0	521	VISU
1ST	7+7/8	5+1/2	17	0	8,309	432	3,416	8,309	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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,313				
DAKOTA	4,291				
CEDAR HILLS	5,514				
STONE CORRAL	5,713				
WOLFCAMP	5,882				
LANSING	6,798				
MARMATON	7,122				
CHEROKEE	7,240		YES		
ATOKA	7,428				
MORROW	7,722				
SPERGEN	7,950				

Comment:

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

Signed: _____   Print Name: Bryan Bugg _____

Title: Engineer _____   Date: _____   Email: bbugg@cascadepetroleum.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
400691222	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
400691228	DST Analysis	Yes ☒ No ☐
	Logs	Yes ☒ No ☐
	Other	Yes ☐ No ☒
Other Attachments		
400690914	LAS-TRIPLE COMBINATION	Yes ☒ No ☐
400690935	PDF-CBL 1ST RUN	Yes ☒ No ☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)