

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400685751

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

OGCC Operator Number: 10515

Contact Name: Mike Cleary

Name of Operator: GUNNISON ENERGY LLC

Phone: (303) 296-4222

Address: 1801 BROADWAY #1200

Fax: (303) 296-4555

City: DENVER State: CO Zip: 80202

API Number 05-051-06124-00

County: GUNNISON

Well Name: DGU Federal 1289

Well Number: 18-CS2

Location: QtrQtr: SENW Section: 18 Township: 12S Range: 89W Meridian: 6

Footage at surface: Distance: 1606 feet Direction: FNL Distance: 2572 feet Direction: FWL

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:

Field Name: WEST MUDDY CREEK

Field Number: 91970

Federal, Indian or State Lease Number: COC65106

Spud Date: (when the 1st bit hit the dirt) 08/24/2014 Date TD: 08/29/2014 Date Casing Set or D&amp;A: 08/30/2014

Rig Release Date: 08/31/2014 \*for Multi-Well Location ONLY

## Well Classification:

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

Total Depth MD 4310 TVD\*\* 3091 Plug Back Total Depth MD TVD\*\*

Elevations GR 7331 KB 7346 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Following logs were run from DGU Hotchkiss Federal 18 H1 well: CBL, Caliper, Compensated Neutron, Compensated Density, Compact Micro-Imager

## 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		0	120		0	0	VISU
SURF	12+1/4	9+5/8	36#	0	1,032	150	0	1,032	VISU
2ND	8+4/5	7	26#	0	4,197	385	0	4,197	VISU

## 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	
CAMEO COAL	4,001	4,122			
ROLLINS	4,159	4,310			

Comment: \_\_\_\_\_

\_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Patty Johnson

Title: Operations Tech Date: \_\_\_\_\_ Email: patty.johnson@oxbow.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
-------------	---------------	------------	--

#### Attachment Checklist

400694073	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

#### Other Attachments

400694311	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400694312	DIRECTIONAL DATA	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)