

FORM  
5Rev  
09/14State 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:

400710482

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: 10507

Contact Name: PAUL GOTTLÖB

Name of Operator: EXPEDITION WATER SOLUTIONS LLC

Phone: (720) 420-5700

Address: 1023 39TH AVENUE SUITE E

Fax: (720) 420-5747

City: GREELEY State: CO Zip: 80634

API Number 05-123-39770-00

County: WELD

Well Name: EWS

Well Number: 1

Location: QtrQtr: NWNW Section: 26 Township: 8N Range: 60W Meridian: 6

Footage at surface: Distance: 325 feet Direction: FNL Distance: 372 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: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/13/2014 Date TD: 08/26/2014 Date Casing Set or D&amp;A: 08/27/2014

Rig Release Date: 08/28/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 9900 TVD\*\* Plug Back Total Depth MD 9893 TVD\*\*

Elevations GR 4913 KB 4929 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

DIL, CNL, Micro, CBL; Triple Combo - Longstring

## CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	696	219	0	714	VISU
1ST	8+3/4	7	26	0	8,079	190	6,712	8,090	CBL
1ST LINER	6+1/8	4+1/2	11.6	7959	9,900				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/13/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.2	6,712	894	1,566	6,712

Details of work:

## 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	
LYONS	8,087	8,210	NO	NO	
LOWER SATANKA	8,210	8,430	NO	NO	
WOLFCAMP	8,430	8,499	NO	NO	
AMAZON	8,499	8,568	NO	NO	
COUNCIL GROVE	8,568	8,740	NO	NO	
ADMIRE	8,740	8,790	NO	NO	
VIRGIL	8,790	8,989	NO	NO	
MISSOURI	8,989	9,134	NO	NO	
DES MOINES	9,134	9,335	NO	NO	
ATOKA	9,335	9,767	NO	NO	
MORROW	9,767	9,853	NO	NO	
MISSISSIPPIAN	9,853	9,882	NO	NO	
REAGAN	9,882	9,900	NO	NO	

Comment:

The "As Drilled Data" will be submitted when received via a Form 4 Sundry.

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

Signed: \_\_\_\_\_

Print Name: PAUL GOTTLÖB

Title: Regulatory & Engin. Tech.

Date: \_\_\_\_\_

Email: paul.gottlob@ipternergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400710620	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>		
400710611	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400710614	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400710615	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400710616	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400710617	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400710618	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400711037	WELLBORE DIAGRAM	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)