

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



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Document Number:

400713043

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: 10350

Contact Name: Glenda Betz

Name of Operator: RANCHERS EXPLORATION PARTNERS LLC

Phone: (970) 5879136

Address: 9 NORTH PARRISH AVE

Fax: (970) 5879137

City: JOHNSTOWN State: CO Zip: 80534

API Number 05-069-06454-00

County: LARIMER

Well Name: River West

Well Number: 2

Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 68W Meridian: 6

Footage at surface: Distance: 1264 feet Direction: FNL Distance: 701 feet Direction: FWL

As Drilled Latitude: 40.476150 As Drilled Longitude: -104.960520

GPS Data:

Date of Measurement: 03/03/2014 PDOP Reading: 3.2 GPS Instrument Operator's Name: Tim Mather

** If directional footage at Top of Prod. Zone Dist.: 656 feet. Direction: FNL Dist.: 1917 feet. Direction: FWL

Sec: 24 Twp: 06 Rng: 68W

** If directional footage at Bottom Hole Dist.: 7134 feet. Direction: FNL Dist.: 8000 feet. Direction: FWL

Sec: 24 Twp: 06 Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/03/2014 Date TD: 03/08/2014 Date Casing Set or D&A: 03/09/2014

Rig Release Date: 03/09/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7311 TVD** 7086 Plug Back Total Depth MD 7311 TVD** 7086

Elevations GR 4880 KB 4913 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Las & Triple Combo

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	12+1/4	8+5/8	24	0	458		0	458	
1ST	7+7/8	4+1/2	11.6	458	8,000	517	4,000	7,293	

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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
CODELL	7,134	7,154	NO	NO	

Comment:

Tim Mather is re-submitting Sundry Notice PDF logs are on order

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

Signed: _____

Print Name: Glenda Betz

Title: Administration

Date: _____

Email: glenda@ranchers.co

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

Other Attachments

400713087	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)