

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:

400681725

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: 10503

Contact Name: Angie Galvan

Name of Operator: RED HAWK PETROLEUM LLC

Phone: (281) 716-5730

Address: 4125 BLACKHAWK PLAZA CIRCLE SUITE 201A

Fax: (281) 815-2882

City: DANVILLE State: CA Zip: 94506

API Number 05-123-39930-00

County: WELD

Well Name: Loomis

Well Number: 2-1H

Location: QtrQtr: SESW Section: 2 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 250 feet Direction: FSL Distance: 1716 feet Direction: FWL

As Drilled Latitude: 40.597730 As Drilled Longitude: -104.062960

## GPS Data:

Date of Measurement: 10/17/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Marc Woodard

\*\* If directional footage at Top of Prod. Zone Dist.: 300 feet. Direction: FSL Dist.: 1245 feet. Direction: FWL

Sec: 2 Twp: 7N Rng: 60W

\*\* If directional footage at Bottom Hole Dist.: 321 feet. Direction: FNL Dist.: 1248 feet. Direction: FWL

Sec: 2 Twp: 7N Rng: 60W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/19/2014 Date TD: 09/02/2014 Date Casing Set or D&amp;A: 09/04/2014

Rig Release Date: 10/02/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 11365 TVD\*\* 6287 Plug Back Total Depth MD 11365 TVD\*\* 6287

Elevations GR 4949 KB 4964 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Resistivity and Gamma

## 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	1,470	975	0	1,470	VISU
1ST	8+3/4	7	26	0	6,459	638	0	6,459	VISU
1ST LINER	6+1/8	4+1/2	11.6	6266	11,360	0			

## 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	
NIOBRARA	6,270	11,365	NO	NO	

Comment:

Hard Copies of the Logs have been mailed to the COGCC on 10/23/2014.

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

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

Print Name: Angie GalvanTitle: Regulatory Analyst

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

Email: angie.galvan@stxra.com

## 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"/>
400686085	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400686073	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### Other Attachments

400686070	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400686080	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714105	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

User GroupCommentComment Date

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Total: 0 comment(s)