

**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



DE ET OE ES

Document Number:

400701664

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: 10450

Contact Name: Jennifer Grosshans

Name of Operator: EE3 LLC

Phone: (303) 928-7128

Address: 4410 ARAPAHOE AVENUE #100

Fax: (303) 218-5678

City: BOULDER State: CO Zip: 80303

API Number 05-057-06523-00

County: JACKSON

Well Name: Grizzly

Well Number: 3-32H

Location: QtrQtr: NENW Section: 32 Township: 8N Range: 80W Meridian: 6

Footage at surface: Distance: 674 feet Direction: FNL Distance: 2386 feet Direction: FWL

As Drilled Latitude: 40.627795 As Drilled Longitude: -106.397892

GPS Data:

Date of Measurement: 08/22/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Dennis Mouland

** If directional footage at Top of Prod. Zone Dist.: 600 feet. Direction: FNL Dist.: 1980 feet. Direction: FEL

Sec: 32 Twp: 8N Rng: 80W

** If directional footage at Bottom Hole Dist.: 582 feet. Direction: FSL Dist.: 2157 feet. Direction: FWL

Sec: 32 Twp: 8N Rng: 80W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/18/2014 Date TD: 08/10/2014 Date Casing Set or D&A: 08/13/2014

Rig Release Date: 08/14/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12496 TVD** 7971 Plug Back Total Depth MD 12468 TVD** 7969

Elevations GR 8074 KB 8094

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Gamma Ray, Cement Bond

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 | 9+5/8 | 36 | 0 | 1,428 | 915 | 0 | 1,428 | VISU |
| 1ST | 8+3/4 | 5+1/2 | 23 | 0 | 12,496 | 1,900 | 0 | 12,496 | 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 NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
| | Top | Bottom | DST | Cored | |
| NIOBRARA | 7,820 | | NO | NO | |

Comment:

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

Signed: _____

Print Name: Jennifer Grosshans

Title: Regulatory Analyst

Date: _____

Email: regulatory@petro-fs.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400701883 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400730805 | 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"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400701840 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400701842 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400701852 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | | | | | |

General Comments

User Group **Comment**

Comment Date

| | | |
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Total: 0 comment(s)