

**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



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Document Number:

400733182

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: 10373

Contact Name: Paul Gottlob

Name of Operator: NGL WATER SOLUTIONS DJ LLC

Phone: (720) 420-5747

Address: 3773 CHERRY CRK NORTH DR #1000

Fax:

City: DENVER State: CO Zip: 80209

API Number 05-123-40194-00

County: WELD

Well Name: NGL

Well Number: C9

Location: QtrQtr: SWNW Section: 13 Township: 10N Range: 61W Meridian: 6

Footage at surface: Distance: 1987 feet Direction: FNL Distance: 992 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) 09/22/2014 Date TD: 10/09/2014 Date Casing Set or D&amp;A: 10/13/2014

Rig Release Date: 10/13/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 10200 TVD\*\* Plug Back Total Depth MD 10192 TVD\*\*

Elevations GR 5058 KB 5073 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CBL in pdf and .las; Triple Combo in pdf &amp; .las; Mud in pdf.

**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	879	270	0	895	VISU
1ST	8+3/4	7	26	0	8,511	275	7,035	8,521	CBL
1ST LINER	6+1/8	4+1/2	11.6	8397	10,200				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,035	701	986	7,035

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	8,511	8,680	NO	NO	
INGLESIDE	8,680	8,766	NO	NO	
LOWER SATANKA	8,766	8,826	NO	NO	
WOLFCAMP	8,826	8,910	NO	NO	
AMAZON	8,910	9,060	NO	NO	
COUNCIL GROVE	9,060	9,130	NO	NO	
ADMIRE	9,130	9,268	NO	NO	
VIRGIL	9,268	9,411	NO	NO	
MISSOURI	9,411	9,595	NO	NO	
DES MOINES	9,595	9,806	NO	NO	
ATOKA	9,806	9,974	NO	NO	
FOUNTAIN	9,974	10,119	NO	NO	
MORROW	10,119	10,192	NO	NO	

Comment:

Request permission to submit the As Built data via a Form 4 Sundry as soon as received - this is all that is needed to prevent this Form 5 to be submitted as Final.

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

Signed: \_\_\_\_\_ Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech. Date: \_\_\_\_\_ Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400733572	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>			
400734192	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734193	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734199	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734205	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734871	LAS-TRIPLE COMBINATION	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)