

**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



Document Number:

2092385

Date Received:

10/27/2014

**DRILLING COMPLETION REPORT**

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 14855

Contact Name: PATTY BREW

Name of Operator: CENTRAL OPERATING INC

Phone: (303) 894-9576

Address: 1600 BROADWAY STE 1050

Fax: (303) 894-0898

City: DENVER State: CO Zip: 80202

API Number 05-121-11043-00

County: WASHINGTON

Well Name: WILLIAM MILLER

Well Number: 1

Location: QtrQtr: SWSW Section: 7 Township: 2N Range: 51W Meridian: 6

Footage at surface: Distance: 600 feet Direction: FSL Distance: 1100 feet Direction: FWL

As Drilled Latitude: 40.149417 As Drilled Longitude: -103.131000

## GPS Data:

Date of Measurement: 12/10/2014 PDOP Reading: 6.0 GPS Instrument Operator's Name: David G. Winslow

\*\* 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) 09/04/2014 Date TD: 09/09/2014 Date Casing Set or D&amp;A: 09/09/2014

Rig Release Date: 09/10/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 4565 TVD\*\* Plug Back Total Depth MD 4565 TVD\*\*

Elevations GR 4512 KB 4524 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

DIAL INDUCTION SP GAMMA RAY COMPENSATED DENSITY NEUTRON

**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	215	160	0	215	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	3,507				
FORT HAYS	3,923				
GREENHORN	4,135				
BENTONITE	4,308				
D SAND	4,399		YES		
J SAND	4,498				

Operator Comments

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

Signed: \_\_\_\_\_ Print Name: P A BREW

Title: PRESIDENT Date: 9/22/2014 Email: CENTRALOPERATING@AOL.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2519551	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"/>
2519542	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
2092385	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2519537	INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2519538	IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2519539	DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached surface casing cement ticket and GPS.	12/10/2014 6:45:47 AM
Permit	Attached provide DST information.	12/9/2014 10:58:09 AM
Permit	Requested DST info. for D sand. DST 4471-77	12/9/2014 10:06:17 AM
Permit	Attached all provided logs. Added provided formation tops.	12/9/2014 9:57:57 AM
Permit	Missing as-drilled GPS. Missing all logs. Missing surface casing cement ticket. Missing most formation tops	12/9/2014 6:18:56 AM

Total: 5 comment(s)