

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:

2389574

Date Received:

06/27/2013

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: 16910 Contact Name: GARY KLUKSDAHL
Name of Operator: CHURCHILL ENERGY INC Phone: (303) 840-7000
Address: 777 S WADSWORTH BLVD #2-200 Fax: (303) 989-2924
City: LAKEWOOD State: CO Zip: 80226

API Number 05-073-06163-00 County: LINCOLN
Well Name: CHAMPLIN-LIMON Well Number: 2-19
Location: QtrQtr: SWNW Section: 19 Township: 9S Range: 56W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FWL
As Drilled Latitude: 39.253324 As Drilled Longitude: -103.712311

GPS Data:
Date of Measurement: 09/19/2009 PDOP Reading: 3.0 GPS Instrument Operator's Name: Joseph dugan

** 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: RUBICON Field Number: 74990
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/02/1984 Date TD: Date Casing Set or D&A:
Rig Release Date: Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 4886 TVD** Plug Back Total Depth MD 4833 TVD**
Elevations GR 5390 KB 5400 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
GR/CBL/CCL

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	9+3/4	8+5/8		0	197		0	197	
1ST	7+7/8	4+1/2		0	4,872		3,504	4,872	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,872	75	1,872	2,007

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	

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: GARY KLUKSDAHL

Title: CONSULTANT Date: 6/25/2013 Email: GARY.KLUKSDAHL@COMCAST.NET

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2389575	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2389574	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Cement bond log received 7/4/2013.	12/16/2014 8:35:12 AM
Permit	Waiting for cement bond log to show up in documents.	7/1/2013 8:23:31 AM

Total: 2 comment(s)