

**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:  
400763725

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: 10414 Contact Name: Bryan Bugg  
 Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6500  
 Address: 1331 17TH STREET #400 Fax: (303) 407-6501  
 City: DENVER State: CO Zip: 80202

API Number 05-073-06669-00 County: LINCOLN  
 Well Name: GAEDE Well Number: A9S-55W-05-85  
 Location: QtrQtr: SESW Section: 5 Township: 9S Range: 55W Meridian: 6  
 Footage at surface: Distance: 197 feet Direction: FSL Distance: 1773 feet Direction: FWL  
 As Drilled Latitude: 39.288130 As Drilled Longitude: -103.578460

GPS Data:  
 Date of Measurement: 12/05/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Bob Rubino

\*\* If directional footage at Top of Prod. Zone Dist.: 293 feet. Direction: FSL Dist.: 1500 feet. Direction: FWL  
 Sec: 5 Twp: 9S Rng: 55W  
 \*\* If directional footage at Bottom Hole Dist.: 293 feet. Direction: FSL Dist.: 1498 feet. Direction: FWL  
 Sec: 5 Twp: 9S Rng: 55W

Field Name: WILDCAT Field Number: 99999  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 11/06/2014 Date TD: 11/23/2014 Date Casing Set or D&A: 11/25/2014  
 Rig Release Date: 11/25/2014 Per Rule 308A.b.

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

Total Depth MD 7990 TVD\*\* 7980 Plug Back Total Depth MD 7944 TVD\*\* 7934

Elevations GR 5591 KB 5606 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Quad-Combo, CMR

**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	529	275	0	529	VISU
1ST	7+7/8	5+1/2	17	0	7,990	562	3,554	7,990	CBL

**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	3,759		NO	NO	
D SAND	4,697		NO	NO	
CEDAR HILLS	5,930		NO	NO	
STONE CORRAL	6,141		NO	NO	
WOLFCAMP	6,315		NO	NO	
LANSING	7,203		NO	NO	
MARMATON	7,587		NO	NO	
CHEROKEE	7,691		NO	NO	
ATOKA	7,890		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: Bryan Bugg

Title: Engineer

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

Email: bbugg@cascajepetroleum.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400764034	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"/>
<b>Other Attachments</b>			
400763996	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400763999	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400764003	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400764016	PDF-CBL 1ST RUN	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)