

**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:

400764467

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 05-073-06672-00

County: LINCOLN

Well Name: GAEDE

Well Number: 9S-55W-08-12

Location: QtrQtr: NENW Section: 8 Township: 9S Range: 55W Meridian: 6

Footage at surface: Distance: 1004 feet Direction: FNL Distance: 2401 feet Direction: FWL

As Drilled Latitude: 39.284800 As Drilled Longitude: -103.576160

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.: 929 feet. Direction: FNL Dist.: 1950 feet. Direction: FWL

Sec: 8 Twp: 9S Rng: 55w

** If directional footage at Bottom Hole Dist.: 930 feet. Direction: FNL Dist.: 1943 feet. Direction: FWL

Sec: 8 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) 11/20/2014 Date TD: 12/07/2014 Date Casing Set or D&A: 12/09/2014

Rig Release Date: 12/09/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7990 TVD** 7972 Plug Back Total Depth MD 7943 TVD** 7925

Elevations GR 5552 KB 16

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

List Electric Logs Run:

Triple-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	530	275	0	530	VISU
1ST	7+7/8	5+1/2	17	0	7,988	619	3,250	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	3,732		NO	NO	
D SAND	4,655		NO	NO	
CEDAR HILLS	5,883		NO	NO	
STONE CORRAL	6,096		NO	NO	
WOLFCAMP	6,269		NO	NO	
LANSING	7,156		NO	NO	
MARMATON	7,546		NO	NO	
CHEROKEE	7,651		NO	NO	
ATOKA	7,854		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@cascadepetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400765400	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400765404	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>			
400765378	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400765385	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400765387	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400765389	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)