

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

API Number <u>05-073-06672-00</u>	County: <u>LINCOLN</u>
Well Name: <u>GAEDE</u>	Well Number: <u>9S-55W-08-12</u>
Location: QtrQtr: <u>NENW</u> Section: <u>8</u> Township: <u>9S</u> Range: <u>55W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1004</u> feet Direction: <u>FNL</u> Distance: <u>2401</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.284800</u> As Drilled Longitude: <u>-103.576160</u>	

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@cascajepetroleum.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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)