

FORM
5Rev
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:

400768412

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: 10500

Contact Name: Neyeska Mut

Name of Operator: COACHMAN ENERGY OPERATING COMPANY LLC

Phone: (303) 296-3535

Address: 5251 DTC PARKWAY SUITE 200

Fax: (303) 296-3888

City: GREENWOOD State: CO Zip: 80111

API Number 05-045-22456-00

County: GARFIELD

Well Name: Federal

Well Number: 14/15-1-21

Location: QtrQtr: SENE Section: 21 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 2375 feet Direction: FNL Distance: 758 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 178 feet. Direction: FNL Dist.: 699 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 103 feet. Direction: FNL Dist.: 708 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

Field Name: KOKOPELLI

Field Number: 47525

Federal, Indian or State Lease Number: COC-066370

Spud Date: (when the 1st bit hit the dirt) 10/10/2014 Date TD: 10/19/2014 Date Casing Set or D&A: 10/20/2014

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8638 TVD** 8098 Plug Back Total Depth MD 8567 TVD** 8026

Elevations GR 6932 KB 6955 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Temperature Survey

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
CONDUCTOR	30+0/0	20+0/0	53	0	120	350	0	120	CALC
SURF	13+1/2	9+5/8	36	0	1,515	480	0	1,515	CALC
1ST	8+3/4	4+1/2	11.6	0	8,606	1,425	3,500	8,606	CALC

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	
WASATCH	0	5,038	NO	NO	
WILLIAMS FORK	5,038	8,280	NO	NO	
ROLLINS	8,280		NO	NO	The well reached its TD in the Rollins. TD is 8638.

Comment:

The drilling rig is still actively drilling a well in the current drilling sequence. It is not anticipated that the drilling rig will be released from this well pad (21B) until later in January 2015.

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

Signed: _____

Print Name: Rick ObernolteTitle: Agent Date: _____ Email: rickobe1@aol.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400768415	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"/>
400768414	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400768413	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400768417	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400768418	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)