

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



DE ET OE ES

Document Number:

400768515

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 05-045-22458-00

County: GARFIELD

Well Name: Federal

Well Number: 14/15-2-21

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

Footage at surface: Distance: 2377 feet Direction: FNL Distance: 750 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.: 500 feet. Direction: FNL Dist.: 695 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 463 feet. Direction: FNL Dist.: 633 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

Field Name: KOKOPELLI

Field Number: 47525

Federal, Indian or State Lease Number: COC 66370

Spud Date: (when the 1st bit hit the dirt) 10/21/2014 Date TD: 10/30/2014 Date Casing Set or D&A: 11/01/2014

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8197 TVD** 7776 Plug Back Total Depth MD 8135 TVD** 7714

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

List Electric Logs Run:

Temperature Survey, no open hole electric logs were run.

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	1,514	430	0	1,514	CALC
1ST	8+3/4	4+1/2	11.6	0	8,162	1,550	3,000	8,197	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	4,944	NO	NO	
WILLIAMS FORK	4,944	8,140	NO	NO	
ROLLINS	8,140		NO	NO	Well TD is 8197 which is believed to be the bottom of the Rollins.

Comment:

The drilling rig is still on this well pad drilling wells. It is not anticipated to finish drilling the well sequence until late January 2015. The well is planned to be completed (fracking) in early 2015 pending CPW big game timing limitations.

No open hole logs were run, no cores were cut, and no DSTs were conducted.

The cement top depth for the production string was estimated from the Temperature Survey. A CBL will be run at a later date after the well has been fracked.

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

Signed: _____ Print Name: Rick Obernotle

Title: Agent Date: _____ Email: rickobe1@aol.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400768518	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400768521	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"/>
400768520	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400768516	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400768517	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)