

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:

400772852

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 05-045-22457-00

County: GARFIELD

Well Name: Federal

Well Number: 14/15-5-21

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

Footage at surface: Distance: 2341 feet Direction: FNL Distance: 728 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.: 1471 feet. Direction: FNL Dist.: 678 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 1445 feet. Direction: FNL Dist.: 703 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) 11/24/2014 Date TD: 12/01/2014 Date Casing Set or D&A: 12/02/2014

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8020 TVD** 7910 Plug Back Total Depth MD 7959 TVD** 7849

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

List Electric Logs Run:

Temperature Survey (12/2/14), no other logs 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	1,524	385	0	1,524	CALC
1ST	8+3/4	4+1/2	11.6	0	8,003	1,550	1,200	8,003	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	4,679	NO	NO	
WILLIAMS FORK	4,679	7,864	NO	NO	
ROLLINS	7,864		NO	NO	The bottom of the hole is in the Rollins at TD.

Comment:

The well has not been completed. It has been drilled, cased and cemented. Completion work (perforate and fracture stimulate) will likely occur in the second or third quarter of 2015.

The drilling rig is still on the well pad (21B) drilling a deep Mancos well. It will likely be released in late 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>					
400773002	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400772981	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>					
400772915	PDF-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400772932	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)