

FORM
5Rev
09/14State 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:

400757116

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: 95620

Contact Name: Scott Stapp

Name of Operator: WESTERN OPERATING COMPANY

Phone: (303) 8932438

Address: 518 17TH ST STE 200

Fax: (303) 6295735

City: DENVER State: CO Zip: 80202

API Number 05-075-08391-00

County: LOGAN

Well Name: EMERALD

Well Number: 2-35

Location: QtrQtr: NWSW Section: 35 Township: 9N Range: 54W Meridian: 6

Footage at surface: Distance: 2120 feet Direction: FSL Distance: 600 feet Direction: FWL

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.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: EMERALD

Field Number: 20750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/13/1973 Date TD: 04/20/1973 Date Casing Set or D&A: 01/21/2015

Rig Release Date: 01/21/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5261 TVD** Plug Back Total Depth MD 5242 TVD**

Elevations GR 4310 KB 4320 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Induction, Density

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	10+3/4	8+5/8	28	0	126	125		126	CBL
1ST	7+7/8	5+1/2	15.5	0	5,260	125	4,260	5,260	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/05/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	SURF	870	208		870

Details of work:

Perforate and squeeze cement to surface to protect potential fresh water intervals at 870 to 400.

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	
J SAND	5,196	5,250			

Comment:

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

Signed: _____

Print Name: Scott Stapp

Title: Agent Date: _____ Email: scott@westernoperating.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400757116	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400757185	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)