

**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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**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>10369</u>	Contact Name: <u>Tracy Canning</u>
Name of Operator: <u>NATURAL RESOURCE GROUP INC</u>	Phone: <u>(303) 797-5417</u>
Address: <u>1789 W LITTLETON BLVD</u>	Fax: <u>(303) 797-5418</u>
City: <u>LITTLETON</u> State: <u>CO</u> Zip: <u>80120</u>	

API Number: <u>05-071-09911-00</u>	County: <u>LAS ANIMAS</u>
Well Name: <u>Largo</u>	Well Number: <u>2</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>4</u> Township: <u>34S</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>382</u> feet Direction: <u>FSL</u>	Distance: <u>1855</u> feet Direction: <u>FEL</u>
As Drilled Latitude: <u>37.104460</u>	As Drilled Longitude: <u>-104.346870</u>

GPS Data:  
Date of Measurement: 08/01/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: David Fehringer

\*\* 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: GARCIA Field Number: 27950  
Federal, Indian or State Lease Number: N/A

Spud Date: (when the 1st bit hit the dirt) 05/28/2012 Date TD: 06/14/2012 Date Casing Set or D&A: 06/14/2012  
Rig Release Date: 06/14/2012 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 1742 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 1722 TVD\*\* \_\_\_\_\_

Elevations GR 6273 KB 6277 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Induction Density Neutron

**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	13	11+1/2		0	20				
SURF	7+3/8	7		0	400	200		400	

**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	925	1,742			Gas
APISHAPA	1,015	1,060			Gas
TIMPAS	1,637	1,689			Gas

Comment:

This report was mailed to the COGCC office in August 2014 along with a paper log. The electronic log was also uploaded at that time. This report is now being filed electronically because the completion information does not appear on the COGIS well information page.

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

Signed: \_\_\_\_\_ Print Name: Tracy Canning

Title: Administrative Assistant Date: \_\_\_\_\_ Email: tcanning@diversifiedresourcesinc.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
	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"/>
<b><u>Other Attachments</u></b>			
400794871	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)