

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



Document Number:

400763725

Date Received:

01/05/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10414 Contact Name: Bryan Bugg
 Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6500
 Address: 1331 17TH STREET #400 Fax: (303) 407-6501
 City: DENVER State: CO Zip: 80202

API Number 05-073-06669-00 County: LINCOLN
 Well Name: GAEDE Well Number: A9S-55W-05-85
 Location: QtrQtr: SESW Section: 5 Township: 9S Range: 55W Meridian: 6
 Footage at surface: Distance: 197 feet Direction: FSL Distance: 1773 feet Direction: FWL
 As Drilled Latitude: 39.288130 As Drilled Longitude: -103.578460

GPS Data:

Date of Measurement: 12/05/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Bob Rubino

** If directional footage at Top of Prod. Zone Dist.: 263 feet Direction: FSL Dist.: 1466 feet. Direction: FWL
 Sec: 5 Twp: 9S Rng: 55W

** If directional footage at Bottom Hole Dist.: 263 feet Direction: FSL Dist.: 1464 feet. Direction: FWL
 Sec: 5 Twp: 9S Rng: 55W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/06/2014 Date TD: 11/23/2014 Date Casing Set or D&A: 11/25/2014Rig Release Date: 11/25/2014 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage ObservationTotal Depth MD 7990 TVD** 7981 Plug Back Total Depth MD 7944 TVD** 7934Elevations GR 5591 KB 5606 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

Quad-Combo, CMR

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	12+1/4	8+5/8	24	0	529	275	0	529	VISU
1ST	7+7/8	5+1/2	17	0	7,990	562	3,560	7,990	CBL

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	3,759		NO	NO	
D SAND	4,697		NO	NO	
CEDAR HILLS	5,930		NO	NO	
STONE CORRAL	6,141		NO	NO	
WOLFCAMP	6,315		NO	NO	
LANSING	7,203		NO	NO	
MARMATON	7,587		NO	NO	
CHEROKEE	7,691		NO	NO	
ATOKA	7,890		NO	NO	

Operator Comments

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

Signed: _____

Print Name: Bryan Bugg

Title: Engineer

Date: 1/5/2015

Email: bbugg@cascadepetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400764034	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2519602	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>			
400763725	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400763996	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400763999	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400764003	ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400764016	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400798855	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached remainder of directional survey.	2/25/2015 11:10:49 AM
Permit	Received part of the directional survey(plan and crosssectional view). Missing data pages.	2/25/2015 6:23:27 AM
Permit	Uploaded directional data template.	1/8/2015 2:04:27 PM
Permit	Missing directional template and deviated drilling plan.	1/7/2015 5:53:13 AM

Total: 4 comment(s)