

**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



Document Number:

400571973

Date Received:

03/14/2014

**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: 75027 Contact Name: Stacey Owston  
Name of Operator: ROSEWOOD RESOURCES INC Phone: (970) 848-2228  
Address: 2101 CEDAR SPRINGS RD STE 1500 Fax: (970) 848-2245  
City: DALLAS State: TX Zip: 75201

API Number 05-125-11943-00 County: YUMA  
Well Name: P Brophy Well Number: 12-05 3N46W  
Location: QtrQtr: SWNW Section: 5 Township: 3N Range: 46W Meridian: 6  
Footage at surface: Distance: 2133 feet Direction: FNL Distance: 665 feet Direction: FWL  
As Drilled Latitude: 40.258760 As Drilled Longitude: -102.545040

## GPS Data:

Date of Measurement: 03/14/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Dean Jarrett

\*\* 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: WAVERLY Field Number: 90775

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 10/26/2011 Date TD: 12/01/2011 Date Casing Set or D&A: 12/02/2011

Rig Release Date: \_\_\_\_\_ Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 2890 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 2750 TVD\*\* \_\_\_\_\_Elevations GR 3942 KB 3954 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CBL, DIGLGR, CDCN**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	9+7/8	7	17	0	452	120	0	452	VISU
1ST	6+1/4	4+1/2	10.5	0	2,794	237	0	2,740	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	2,588	2,614			

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: Stacey Owston

Title: Administrative Assistant

Date: 3/14/2014

Email: sowston@rosewd.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
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#### Attachment Checklist

2519747	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>

#### Other Attachments

2519056	DENS-NEU-IND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400571973	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400572050	IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached surface casing cement ticket.	3/24/2015 1:33:17 PM
Engineer	clarified SC request response	3/23/2015 5:43:54 PM
Permit	Requested surface casing cement ticket.	12/3/2014 11:01:15 AM
Permit	Hard copy CBL submitted.	12/3/2014 10:59:55 AM
Permit	Missing CBL log. Attached PDF of compensated Ind/Dens/Neu Log.	4/15/2014 12:14:01 PM

Total: 5 comment(s)