

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:

400837597

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: 95245

Contact Name: Terry L. Hoffman

Name of Operator: WELLSTAR CORPORATION

Phone: (303) 250-0619

Address: 11990 GRANT ST STE 550

Fax: (303) 412-8212

City: NORTHGLENN State: CO Zip: 80233

API Number 05-057-06490-01

County: JACKSON

Well Name: Silver Spur Minerals

Well Number: 35-2H

Location: QtrQtr: NESE Section: 35 Township: 8N Range: 78W Meridian: 6

Footage at surface: Distance: 1996 feet Direction: FSL Distance: 655 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.: 2056 feet. Direction: FSL Dist.: 639 feet. Direction: FEL

Sec: 35 Twp: 8N Rng: 78W

** If directional footage at Bottom Hole Dist.: 1991 feet. Direction: FNL Dist.: 2250 feet. Direction: FEL

Sec: 35 Twp: 8N Rng: 78W

Field Name: NORTH PARK HORIZONTAL

Field Number: 60120

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/17/2012 Date TD: 08/06/2012 Date Casing Set or D&A: 08/06/2012

Rig Release Date: 08/24/2012 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11644 TVD** 8988 Plug Back Total Depth MD 9048 TVD** 8835

Elevations GR 8534 KB 8558 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric 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	20	16	42	0	60	108	0	60	VISU
SURF	12+1/4	9+5/8	36	0	948	460	0	948	VISU
1ST	8+3/4	7	23	0	8,482	315	3,960	8,610	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	
PIERRE	5,743		NO	NO	
NIOBRARA	8,454	9,124	NO	NO	
CARLILE	8,934		NO	NO	

Comment:

This well was drilled directionally, abandoned and then sidetracked. There was no actual Top and Bottom of producing zone for this wellbore. The top and bottom of producing zone reported on this Form 5 is for the actual completed wellbore API #05-057-06490-02. Also attached is the Daily Drilling Report confirming the cement plug that was set in preparation of the sidetrack for the 02 wellbore.

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

Signed: _____ Print Name: Terry L. HoffmanTitle: Permit Agent Date: _____ Email: terry@rockymountainpermitting.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"/>
400837611	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
400837751	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400837612	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)