

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:

400868663

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: 68710

Contact Name: Andy Peterson

Name of Operator: PETERSON ENERGY OPERATING INC

Phone: (970) 6697411

Address: 2154 W EISENHOWER BLVD

Fax: (970) 6694077

City: LOVELAND State: CO Zip: 80537

API Number 05-087-08146-00

County: MORGAN

Well Name: WINDY HILL

Well Number: 7-17S

Location: QtrQtr: NESW Section: 17 Township: 3N Range: 55W Meridian: 6

Footage at surface: Distance: 1748 feet Direction: FSL Distance: 2622 feet Direction: FWL

As Drilled Latitude: 40.223840 As Drilled Longitude: -103.556230

GPS Data:

Date of Measurement: 03/31/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: C VANMATRE

** 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: UNNAMED

Field Number: 85251

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/06/2007 Date TD: 03/10/2007 Date Casing Set or D&A: 03/22/2007

Rig Release Date: 03/22/2007 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4760 TVD** Plug Back Total Depth MD 3607 TVD**

Elevations GR 4499 KB 4516 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

None. This hole was plugged back and sidetracked.

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	40	30	196	0	44	243	0	44	VISU
SURF	26	20	94	0	465	1,135	0	465	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/17/2007

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	4,018	229	3,693	4,018
	OPEN HOLE	3,827	277	3,427	3,827

Details of work:

Due to a 4.5" DP fish, this well was plugged. The 4.5" DP fish is located at 4068'-4760' The first plug was set w/229 sacks cement at 4018'-3693'. A second plug was set w/277 sacks cement at 3827'-3427'.

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	

Comment:

Due to the stuck DP @ 4760', a sidetrack wellbore was drilled vertically beside abandoned wellbore. No directional survey was run that we can find.

Please refer to the attached Cement Job summaries, wireline summaries for the casing and plugs for additional information.

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

Signed: _____ Print Name: Andrew S Peterson

Title: President Date: _____ Email: andy@petersonenergyoperating.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400868677	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)