

**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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| DE | ET | OE | ES |
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Document Number:  
400847404

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: <u>10433</u>                     | Contact Name: <u>MEL LACKIE</u> |
| Name of Operator: <u>PICEANCE ENERGY LLC</u>           | Phone: <u>(303) 339-4400</u>    |
| Address: <u>1512 LARIMER STREET #1000</u>              | Fax: <u>(303) 339-4399</u>      |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |                                 |

|   |                            |
|---|----------------------------|
| API Number <u>05-077-09768-00</u>   | County: <u>MESA</u>        |
| Well Name: <u>Gunderson</u>   | Well Number: <u>29-11E</u> |
| Location: QtrQtr: <u>SENE</u> Section: <u>29</u> Township: <u>9S</u> Range: <u>93W</u> Meridian: <u>6</u>             |                            |
| Footage at surface: Distance: <u>2401</u> feet Direction: <u>FNL</u> Distance: <u>1119</u> feet Direction: <u>FEL</u> |                            |
| As Drilled Latitude: <u>39.248820</u> As Drilled Longitude: <u>-107.787730</u>  |                            |

GPS Data:  
Date of Measurement: 07/25/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: ERIC PURCELL

\*\* If directional footage at Top of Prod. Zone Dist.: 2652 feet. Direction: FNL Dist.: 882 feet. Direction: FEL  
Sec: 29 Twp: 9S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 2652 feet. Direction: FNL Dist.: 882 feet. Direction: FEL  
Sec: 29 Twp: 9S Rng: 93W

Field Name: BUZZARD CREEK Field Number: 9500  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 03/31/2015 Date TD: 04/04/2015 Date Casing Set or D&A: 04/05/2015  
Rig Release Date: 04/05/2015 Per Rule 308A.b.

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

Total Depth MD 7805 TVD\*\* 7792 Plug Back Total Depth MD 7705 TVD\*\* 7692

Elevations GR 7531 KB 7553 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
TRIPLE COMBO, PULSED NEUTRON, MUD (PASON), CBL

**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   | 24           | 16             | 42    | 0             | 82            | 27        | 0       | 82      | CALC   |
| SURF        | 12+1/4       | 8+5/8          | 24    | 0             | 1,546         | 306       | 0       | 1,546   | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,795         | 1,298     | 1,380   | 7,795   | 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 |   |
| WILLIAMS FORK  | 4,562          |        |                  |       |   |
| CAMEO          | 6,865          |        |                  |       |   |
| ROLLINS        | 7,537          |        |                  |       |   |

Comment:

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

Signed: \_\_\_\_\_

Print Name: MEL LACKIE

Title: ENGINEERING TECHNICIAN

Date: \_\_\_\_\_

Email: mlackie@laramie-energy.com

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ?                              |  |
|-----------------------------|------------------------|---|--|
| <b>Attachment Checklist</b> |                        |   |  |
| 400876330                   | CMT Summary *          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400879230                   | 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"/> |
| <b>Other Attachments</b>    |                        |   |  |
| 400872526                   | WELLBORE DIAGRAM       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400872527                   | PDF-MUD                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400872530                   | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400872534                   | PDF-MUD                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400872539                   | PDF-CALIPER            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400876161                   | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400876166                   | PDF-MUD                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400876170                   | PDF-PULSED NEUTRON     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400876175                   | LAS-PULSED NEUTRON     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400876182                   | PDF-CEMENT BOND        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400876190                   | PDF-                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400879221                   | DIRECTIONAL DATA       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)