

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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Document Number:
400939598

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: 10433 Contact Name: MEL LACKIE
 Name of Operator: PICEANCE ENERGY LLC DBA LARAMIE ENERGY Phone: (303) 339-4400
 Address: 1401 SEVENTEENTH STREET #1400 Fax: (303) 339-4399
 City: DENVER State: CO Zip: 80202

API Number 05-077-09773-00 County: MESA
 Well Name: Piceance Well Number: 28-05W
 Location: QtrQtr: SWNW Section: 28 Township: 9S Range: 93W Meridian: 6
 Footage at surface: Distance: 1520 feet Direction: FNL Distance: 1167 feet Direction: FWL
 As Drilled Latitude: 39.251172 As Drilled Longitude: -107.779669

GPS Data:
 Date of Measurement: 03/11/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: BRIAN BAKER

** If directional footage at Top of Prod. Zone Dist.: 1112 feet. Direction: FNL Dist.: 848 feet. Direction: FWL
 Sec: 28 Twp: 9S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 1112 feet. Direction: FNL Dist.: 848 feet. Direction: FWL
 Sec: 28 Twp: 9S Rng: 93W

Field Name: VEGA Field Number: 85930
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/26/2015 Date TD: 09/29/2015 Date Casing Set or D&A: 09/30/2015
 Rig Release Date: 10/01/2015 Per Rule 308A.b.

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

Total Depth MD 7943 TVD** 7912 Plug Back Total Depth MD 7843 TVD** 7812
 Elevations GR 7556 KB 7578 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MUD, BHP, TRIPLE COMBO, 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	26	16	42	0	82	27	0	82	CALC
SURF	11	8+5/8	24	0	1,572	312	0	1,572	CALC
1ST	7+7/8	4+1/2	11.6	0	7,933	1,411	1,340	7,933	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	4,731			YES-Analysis Attached	21 sample sidewall cores from 5364' to 6590'
CAMEO	7,012			YES-Analysis Attached	4 sample sidewall cores from 7150' to 7670'
ROLLINS	7,699				

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 ?	
Attachment Checklist			
400939897	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400950700	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400939896	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"/>
Other Attachments			
400939881	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400939882	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400939885	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400939886	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400939887	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400939888	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400939894	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940787	WELLBORE DIAGRAM	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)