

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:

400973801

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: LARAMIE ENERGY LLC

Phone: (303) 339-4400

Address: 1401 SEVENTEENTH STREET #1400

Fax: (303) 339-4399

City: DENVER State: CO Zip: 80202

API Number 05-077-10250-00

County: MESA

Well Name: Piceance Fed

Well Number: 28-21E

Location: QtrQtr: NESW Section: 28 Township: 9S Range: 93W Meridian: 6

Footage at surface: Distance: 1981 feet Direction: FSL Distance: 2484 feet Direction: FWL

As Drilled Latitude: 39.246336 As Drilled Longitude: -107.774994

GPS Data:

Date of Measurement: 03/04/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: BRIAN BAKER

** If directional footage at Top of Prod. Zone Dist.: 44 feet. Direction: FSL Dist.: 951 feet. Direction: FEL

Sec: 28 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 44 feet. Direction: FSL Dist.: 951 feet. Direction: FEL

Sec: 28 Twp: 9S Rng: 93W

Field Name: VEGA

Field Number: 85930

Federal, Indian or State Lease Number: COC64786

Spud Date: (when the 1st bit hit the dirt) 10/09/2015 Date TD: 10/13/2015 Date Casing Set or D&A: 10/15/2015

Rig Release Date: 10/15/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8574 TVD** 7913 Plug Back Total Depth MD 8481 TVD** 7820

Elevations GR 7679 KB 7701 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MUD, PASON, TRIPLE COMBO, CALIPER, RPM, PULSED NEUTRON, 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	1,658	327	0	1,658	CALC
1ST	7+7/8	4+1/2	11.6	0	8,564	1,544	2,000	8,564	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	5,337				
CAMEO	7,727				
ROLLINS	8,371				

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 ?	
<u>Attachment Checklist</u>			
400974245	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400977807	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"/>
<u>Other Attachments</u>			
400973817	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973819	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973821	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973824	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973828	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973829	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973831	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973833	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973834	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973836	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973852	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977803	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)