

Document Number:
401004789

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: 10373 Contact Name: Paul Gottlob
 Name of Operator: NGL WATER SOLUTIONS DJ LLC Phone: (720) 420-5747
 Address: 3773 CHERRY CRK NORTH DR #1000 Fax: _____
 City: DENVER State: CO Zip: 80209

API Number 05-123-42811-00 County: WELD
 Well Name: NGL Well Number: C3B
 Location: QtrQtr: NENE Section: 29 Township: 4N Range: 65W Meridian: 6
 Footage at surface: Distance: 1061 feet Direction: FNL Distance: 322 feet Direction: FEL
 As Drilled Latitude: 40.287760 As Drilled Longitude: -104.678960

GPS Data:
 Date of Measurement: 03/21/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: Monty Wallace

** 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: HAMBERT Field Number: 33530
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/07/2016 Date TD: 03/13/2016 Date Casing Set or D&A: 03/14/2016
 Rig Release Date: 03/16/2016 Per Rule 308A.b.

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

Total Depth MD 11640 TVD** _____ Plug Back Total Depth MD 11633 TVD** _____
 Elevations GR 4875 KB 4897 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, CBL, Triple Combo, Dual Induction

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
SURF	12+1/4	9+5/8	36	0	747	255	0	747	VISU
1ST	8+3/4	7	26	0	9,018	200	7,560	9,018	CBL
1ST LINER	6+1/8	4+1/2	11.6	8970	10,640				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,560	846	0	7,560

Details of work:

LEAD: 200 SACKS OF 50:50 POZ (FLY ASH) : CLASS "G" + 0.5% FL-63 + 0.2% CD-32 + 0.5% FL-52 + 0.3% ASA-301 + 0.01 gps FP-6L + 0.3% SODIUM METASILICATE + 10 lbs/sack CSE-2 @ 13.2 PPG.
 TAIL: 646 SACKS OF 50:50 POZ (FLY ASH) : CLASS "G" + 0.5% FL-63 + 0.2% CD-32 + 0.5% FL-52 + 0.3% ASA-301 + 0.01 gps FP-6L + 0.3% SODIUM METASILICATE + 10 lbs/sack CSE-2 + 0.4% BA-59 @ 13.2 PPG.
 BUMP PLUG @ 289 (12 BBLs CEMENT TO SURFACE).

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	
PARKMAN	3,130	4,337	NO	NO	
SUSSEX	4,337	5,065	NO	NO	
SHANNON	5,065	7,122	NO	NO	
NIOBRARA	7,122	7,242	NO	NO	
FORT HAYS	7,242	7,282	NO	NO	
CODELL	7,282	7,296	NO	NO	
CARLILE	7,296	7,576	NO	NO	
X BENTONITE	7,576	7,744	NO	NO	
J SAND	7,744	7,896	NO	NO	
SKULL CREEK	7,896	7,968	NO	NO	
DAKOTA	7,968	8,104	NO	NO	
MORRISON	8,104	8,390	NO	NO	
ENTRADA	8,390	8,432	NO	NO	
LYKINS	8,432	8,680	NO	NO	
PERMIAN	8,680	8,781	NO	NO	
FORELLE	8,781	8,825	NO	NO	
MINNEKAHTA	8,825	8,952	NO	NO	
BLAINE	8,952	9,006	NO	NO	
LYONS	9,006	9,142	NO	NO	
LOWER SATANKA	9,142	9,390	NO	NO	
WOLFCAMP	9,390	9,439	NO	NO	
AMAZON	9,439	9,497	NO	NO	
COUNCIL GROVE	9,497	9,730	NO	NO	
ADMIRE	9,730	9,752	NO	NO	
VIRGIL	9,752	9,922	NO	NO	
MISSOURI	9,922	10,064	NO	NO	
FOUNTAIN	10,064	10,640	NO	NO	

Comment:

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

Signed: _____

Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech.

Date: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401004932	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Other Attachments

401010580	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401010585	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401010591	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401010596	LAS-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401011396	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401011397	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022035	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022036	PDF-CEMENT BOND	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)