

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:

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"/> |
| <u>Other Attachments</u> | | | | | |
| 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)