

**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.

Document Number:  
401210278

Date Received:

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 10580 Contact Name: Wes Janes

Name of Operator: EXPEDITION WATER SOLUTIONS COLORADO LLC Phone: (303) 290-9414

Address: 1023 39TH AVENUE SUITE E Fax: \_\_\_\_\_

City: GREELEY State: CO Zip: 80634

API Number 05-123-44047-00 County: WELD

Well Name: EWS Well Number: 4A

Location: QtrQtr: SENW Section: 17 Township: 2N Range: 63W Meridian: 6

Footage at surface: Distance: 2232 feet Direction: FNL Distance: 2037 feet Direction: FWL

As Drilled Latitude: 40.139470 As Drilled Longitude: -104.463550

GPS Data:  
Date of Measurement: 02/22/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dan Corriell

\*\* 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: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 01/22/2017 Date TD: 02/04/2017 Date Casing Set or D&A: 02/07/2017

Rig Release Date: 02/07/2017 Per Rule 308A.b.

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

Total Depth MD 10119 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 10119 TVD\*\* \_\_\_\_\_

Elevations GR 4839 KB 4852 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CAL, Triple Combo, Triple Combo, IBC (CBL), IBC (casing inspection), CBL, CAL, DEN/NEU, IND, Triple Combo, Mud,

**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	112	130	0	112	VISU
SURF	12+1/4	9+5/8	36	0	1,001	285	0	1,001	VISU
1ST	8+3/4	7	26	0	8,499	291	6,420	8,499	CBL
1ST LINER	6+1/8	4+1/2	11.6	8438	10,114				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/31/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,006	842	940	6,006

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	
LARAMIE	0	313	NO	NO	
FOX HILLS	313	532	NO	NO	
PIERRE	532	3,722	NO	NO	
SUSSEX	3,722	4,216	NO	NO	
SHANNON	4,216	6,497	NO	NO	
SHARON SPRINGS	6,497	6,524	NO	NO	
NIOBRARA	6,524	6,801	NO	NO	
FORT HAYS	6,801	6,825	NO	NO	
CODELL	6,825	6,839	NO	NO	
CARLILE	6,839	6,901	NO	NO	
GREENHORN	6,901	7,126	NO	NO	
X BENTONITE	7,126	7,299	NO	NO	
J SAND	7,299	7,420	NO	NO	
SKULL CREEK	7,420	7,453	NO	NO	
DAKOTA	7,453	7,509	NO	NO	
LAKOTA	7,509	7,611	NO	NO	
MORRISON	7,611	7,885	NO	NO	
ENTRADA	7,885	7,929	NO	NO	
LYKINS	7,929	8,280	NO	NO	
FORELLE	8,280	8,342	NO	NO	
MINNEKAHTA	8,342	8,443	NO	NO	
BLAINE	8,443	8,500	NO	NO	
LYONS	8,500	8,631	NO	NO	
LOWER SATANKA	8,631	8,944	NO	NO	
WOLFCAMP	8,944	9,015	NO	NO	
AMAZON	9,015	9,085	NO	NO	
COUNCIL GROVE	9,085	9,263	NO	NO	
ADMIRE	9,263	9,307	NO	NO	
VIRGIL	9,307	9,616	NO	NO	
MISSOURI	9,616	9,689	NO	NO	
FOUNTAIN	9,689	10,119	NO	NO	

Comment:

Please note that the production ticket has cement totals on it for the first and second stages.

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

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

Print Name: Jeremiah Demuth

Title: Engineering Technician

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

Email: jdemuth@petrotek.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401214488	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"/>
<b>Other Attachments</b>			
401217411	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217419	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217537	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217549	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217574	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217577	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217734	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217751	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217757	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217760	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401217763	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401218056	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)