

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:
401237441

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: 10580 Contact Name: Jeremiah Demuth
 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 05-123-44167-00 County: WELD
 Well Name: EWS Well Number: 4
 Location: QtrQtr: NESE Section: 18 Township: 2N Range: 63W Meridian: 6
 Footage at surface: Distance: 2157 feet Direction: FSL Distance: 498 feet Direction: FEL
 As Drilled Latitude: 40.137050 As Drilled Longitude: -104.472640

GPS Data:
 Date of Measurement: 02/27/2017 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) 02/10/2017 Date TD: 02/21/2017 Date Casing Set or D&A: 02/24/2017
 Rig Release Date: 02/27/2017 Per Rule 308A.b.

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

Total Depth MD 10190 TVD** _____ Plug Back Total Depth MD 10190 TVD** _____

Elevations GR 4877 KB 4890 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CAL, IND, Microlog, DEN/NEU, Triple Combo, CBL, Casing Inspection, 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	42.09	0	112	80	0	112	VISU
SURF	12+1/4	9+5/8	36	0	1,008	340	0	1,008	VISU
1ST	8+3/4	7	26	0	8,548	355	5,566	8,548	CBL
1ST LINER	6+1/8	4+1/2	11.6	8467	10,188				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/18/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,566	814	920	5,566

Details of work:

A DV tool was used for the second stage of the cement job for the 7" 26# casing. The cement was 13.2# per sack with a yield of 1.42 gallons per sack.

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	346	NO	NO	
FOX HILLS	346	577	NO	NO	
PIERRE	577	3,754	NO	NO	
SUSSEX	3,754	4,229	NO	NO	
SHANNON	4,229	6,550	NO	NO	
SHARON SPRINGS	6,550	6,576	NO	NO	
NIOBRARA	6,576	6,853	NO	NO	
FORT HAYS	6,853	6,876	NO	NO	
CODELL	6,876	6,891	NO	NO	
CARLILE	6,891	6,961	NO	NO	
GREENHORN	6,961	7,171	NO	NO	
X BENTONITE	7,171	7,348	NO	NO	
J SAND	7,348	7,474	NO	NO	
SKULL CREEK	7,474	7,507	NO	NO	
DAKOTA	7,507	7,564	NO	NO	
LAKOTA	7,564	7,673	NO	NO	
MORRISON	7,673	7,944	NO	NO	
ENTRADA	7,944	7,990	NO	NO	
LYKINS	7,990	8,347	NO	NO	
FORELLE	8,347	8,406	NO	NO	
MINNEKAHTA	8,406	8,505	NO	NO	
BLAINE	8,505	8,564	NO	NO	
LYONS	8,564	8,703	NO	NO	
LOWER SATANKA	8,703	9,012	NO	NO	
WOLFCAMP	9,012	9,100	NO	NO	
AMAZON	9,100	9,168	NO	NO	
COUNCIL GROVE	9,168	9,332	NO	NO	
ADMIRE	9,332	9,376	NO	NO	
VIRGIL	9,376	9,693	NO	NO	
MISSOURI	9,693	9,762	NO	NO	
FOUNTAIN	9,762	10,190	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: Jeremiah Demuth

Title: Engineering Technician

Date: _____

Email: jdemuth@petrotek.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401238186	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			
401238282	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401238337	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401238338	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401238340	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401238349	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239280	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239281	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239285	LAS-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239322	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239373	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239377	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)