

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:

400973897

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: 10492

Contact Name: Rick Henninger

Name of Operator: AGAVE OIL & GAS LLC

Phone: (903) 271-0656

Address: 201 PECAN STREET #100

Fax: (469) 519-4706

City: FORT WORTH State: TX Zip: 76102

API Number 05-039-06677-00

County: ELBERT

Well Name: Haas

Well Number: 1-29

Location: QtrQtr: NWSE Section: 29 Township: 7S Range: 62W Meridian: 6

Footage at surface: Distance: 1939 feet Direction: FSL Distance: 1747 feet Direction: FEL

As Drilled Latitude: 39.409616 As Drilled Longitude: -104.354524

GPS Data:

Date of Measurement: 04/12/2017 PDOP Reading: 2.9 GPS Instrument Operator's Name: Gentry Muniz

** 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: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/09/2015 Date TD: 12/17/2015 Date Casing Set or D&A: 12/19/2015

Rig Release Date: 12/20/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7745 TVD** Plug Back Total Depth MD 7742 TVD**

Elevations GR 6166 KB 6184 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Triple Combo, CBL, 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
SURF	12+1/4	8+5/8	24	0	1,877	1,006	0	1,877	CALC
1ST	7+7/8	5+1/2	17	0	7,743	250	6,070	7,743	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/10/2015

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	
SUSSEX	4,660		NO	NO	
SHANNON	4,990		NO	NO	
NIOBRARA	6,775		NO	YES-Analysis Attached	
FORT HAYS	7,220		NO	YES-Analysis Attached	
CODELL	7,261		NO	YES-Analysis Attached	
CARLILE	7,287		NO	YES-Analysis Attached	
GREENHORN	7,320		NO	YES-Analysis Attached	
GRANEROS	7,510		NO	YES-Analysis Attached	
D SAND	7,610		NO	YES-Analysis Attached	
J SAND	7,650		NO	YES-Analysis Attached	
SKULL CREEK	7,708		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>			
401359483	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363503	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input 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>			
401270875	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401351497	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401359839	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363610	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)