

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



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Document Number:

401453039

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: 10433

Contact Name: MEL LACKIE

Name of Operator: LARAMIE ENERGY LLC

Phone: (303) 339-4400

Address: 1401 SEVENTEENTH STREET #1400

Fax: (303) 339-4399

City: DENVER State: CO Zip: 80202

API Number 05-077-10436-00

County: MESA

Well Name: Bruton Federal

Well Number: 0993-19-07E

Location: QtrQtr: SENW Section: 19 Township: 9S Range: 93W Meridian: 6

Footage at surface: Distance: 2538 feet Direction: FNL Distance: 1638 feet Direction: FWL

As Drilled Latitude: 39.262897 As Drilled Longitude: -107.815031

GPS Data:

Date of Measurement: 08/01/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: CODY RICH

** If directional footage at Top of Prod. Zone Dist.: 1605 feet. Direction: FNL Dist.: 1303 feet. Direction: FEL

Sec: 19 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 1605 feet. Direction: FNL Dist.: 1303 feet. Direction: FEL

Sec: 19 Twp: 9S Rng: 93W

Field Name: BRUSH CREEK

Field Number: 7562

Federal, Indian or State Lease Number: COC64787

Spud Date: (when the 1st bit hit the dirt) 09/25/2017 Date TD: 09/28/2017 Date Casing Set or D&A: 09/28/2017

Rig Release Date: 11/15/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8214 TVD** 7615 Plug Back Total Depth MD 8127 TVD** 7528

Elevations GR 7262 KB 7286 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

RPM, PULSED NEUTRON, 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
CONDUCTOR	26	16	65	0	84	100	0	84	VISU
SURF	11	8+5/8	24	0	1,550	288	0	1,550	VISU
1ST	7+7/8	4+1/2	11.6	0	8,204	1,270	2,672	8,204	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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	
OHIO CREEK	4,842				
WILLIAMS FORK	5,323				
CAMEO	7,260				
ROLLINS	7,979				

Comment:

NO OPEN HOLE LOGS RUN ON THIS WELL

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

Signed: _____

Print Name: MEL LACKIE

Title: ENGINEERING TECHNICIAN

Date: _____

Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401474974	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401474971	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
401471111	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401474970	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401474975	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401502387	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401502392	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504310	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504312	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504313	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504316	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504318	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504319	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504322	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401504323	LAS-CEMENT BOND	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)