

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:
400998015

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10359 Contact Name: Marshall Hall
 Name of Operator: WARD PETROLEUM CORPORATION Phone: (970) 4494634
 Address: 215 WEST OAK STREET #1000 Fax: (970) 4494637
 City: FORT COLLINS State: CO Zip: 80521

API Number 05-001-09941-00 County: ADAMS
 Well Name: Anderson Well Number: 18-3-11HC
 Location: QtrQtr: SWSW Section: 18 Township: 1S Range: 66W Meridian: 6
 Footage at surface: Distance: 955 feet Direction: FSL Distance: 1118 feet Direction: FWL
 As Drilled Latitude: 39.960440 As Drilled Longitude: -104.823810

GPS Data:
 Date of Measurement: 03/08/2016 PDOP Reading: 1.5 GPS Instrument Operator's Name: Rob Daley

** If directional footage at Top of Prod. Zone Dist.: 509 feet. Direction: FSL Dist.: 927 feet. Direction: FWL
 Sec: 18 Twp: 1S Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 492 feet. Direction: FNL Dist.: 894 feet. Direction: FWL
 Sec: 18 Twp: 1S Rng: 66W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/16/2016 Date TD: 02/23/2016 Date Casing Set or D&A: 02/24/2016
 Rig Release Date: 02/25/2016 Per Rule 308A.b.

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

Total Depth MD 12600 TVD** 7688 Plug Back Total Depth MD 12509 TVD** 7696
 Elevations GR 5005 KB 5026 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, Resistivity, CBL

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		20		0	111				VISU
SURF	13+1/2	9+5/8	36	0	1,540	755	0	1,540	VISU
1ST	8+3/4	5+1/2	20	0	12,553	2,091	400	12,553	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	
FOX HILLS	1,172	1,377			
SHARON SPRINGS	7,232	7,265			
NIOBRARA	7,265	7,669			
FORT HAYS	7,669	7,694			
CODELL	7,694				

Comment:

The attached resistivity log is the MWD log.

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

Signed: _____

Print Name: Kapri McMillan

Title: Production Eng Tech

Date: _____

Email: kapri@wardpetroleumfc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401472997	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401452261	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"/>
Other Attachments			
400998207	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400998803	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400998807	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401005056	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401005057	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)