

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



Document Number:

401441596

Date Received:

01/11/2018

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-077-10429-00 County: MESA
 Well Name: Bruton Well Number: 0993-19-01W
 Location: QtrQtr: SENW Section: 19 Township: 9S Range: 93W Meridian: 6
 Footage at surface: Distance: 2501 feet Direction: FNL Distance: 1631 feet Direction: FWL
 As Drilled Latitude: 39.262997 As Drilled Longitude: -107.815047

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.: 226 feet Direction: FNL Dist.: 1264 feet. Direction: FWLSec: 19 Twp: 9S Rng: 93W** If directional footage at Bottom Hole Dist.: 190 feet Direction: FNL Dist.: 1248 feet. Direction: FWLSec: 19 Twp: 9S Rng: 93WField Name: BRUSH CREEK Field Number: 7562

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/20/2017 Date TD: 08/22/2017 Date Casing Set or D&A: 08/23/2017Rig Release Date: 11/15/2017 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage ObservationTotal Depth MD 8170 TVD** 7659 Plug Back Total Depth MD 8069 TVD** 7558Elevations 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	297	0	1,550	VISU
1ST	7+7/8	4+1/2	11.6	0	8,160	1,260	1,816	8,160	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	4,833				
WILLIAMS FORK	5,259				
CAMEO	7,228				
ROLLINS	7,914				

Operator Comments

NO OPEN HOLE LOGS RUN ON THIS WELL. Triple Combination logs were run on the 0993-19-07W (077-10440).
GPS Data: Date of measurement is actual data of the existing well conductor location prior to the spud date.

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: 1/11/2018 Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401471963	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401471959	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401471962	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			
401441596	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401464825	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401464830	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401464831	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401464833	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401464835	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401464840	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401471956	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401471965	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484574	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484576	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484583	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484586	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484589	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	COAs reviewed	03/02/2018
Permit	-Corrected total depth TVD to reflect directional survey in turn corrected plug back depth -Corrected TPZ to reflect directional survey.	02/28/2018

Total: 2 comment(s)