

FORM
5Rev
09/14State 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:

401442064

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 05-077-10422-00

County: MESA

Well Name: Bruton

Well Number: 0993-19-03E

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

Footage at surface: Distance: 2509 feet Direction: FNL Distance: 1633 feet Direction: FWL

As Drilled Latitude: 39.262978 As Drilled Longitude: -107.815044

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.: 616 feet Direction: FNL Dist.: 1284 feet Direction: FEL

Sec: 19 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 616 feet Direction: FNL Dist.: 1294 feet Direction: FEL

Sec: 19 Twp: 9S Rng: 93W

Field Name: BRUSH CREEK

Field Number: 7562

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/24/2017 Date TD: 08/26/2017 Date Casing Set or D&A: 08/27/2017

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 8466 TVD** 7655 Plug Back Total Depth MD 8366 TVD** 7555

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

List Electric Logs Run:

RPM/PULSED NEUTRONCBL/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	1,551	314	0	1,551	VISU
1ST	7+7/8	4+1/2	11.6	0	8,456	1,315	2,050	8,456	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	5,080				
WILLIAMS FORK	5,569				
CAMEO	7,543				
ROLLINS	8,226				

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 ?			
<u>Attachment Checklist</u>					
401472033	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401472030	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401472031	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>					
401442064	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401464964	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401464967	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401464973	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401464975	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401464977	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401464983	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401472027	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401472034	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401484619	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401484620	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401484625	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401484627	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401484630	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	Reviewed COAs	03/02/2018
Permit	-Corrected TPZ to reflect directional survey.	02/27/2018

Total: 2 comment(s)