

FORM
5
Rev
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:
401563399

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: 52530 Contact Name: Ryan Warner
Name of Operator: MAGPIE OPERATING, INC Phone: (970) 669-6308
Address: 2707 SOUTH COUNTY RD 11 Fax: (970) 669-6396
City: LOVELAND State: CO Zip: 80537

API Number 05-069-06281-00 County: LARIMER
Well Name: STATE ANDERSON Well Number: 1-36
Location: QtrQtr: NWNE Section: 36 Township: 5N Range: 68W Meridian: 6
Footage at surface: Distance: 815 feet Direction: FNL Distance: 1915 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** 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: JOHNSON'S CORNER Field Number: 42570
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/10/1987 Date TD: _____ Date Casing Set or D&A: _____
Rig Release Date: 09/17/1987 Per Rule 308A.b.

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

Total Depth MD 7659 TVD** _____ Plug Back Total Depth MD _____ TVD** _____

Elevations GR 4892 KB 4903 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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	221	145	0	221	VISU
1ST	7+7/8	4+1/2	11.6	0	7,659	430	5,942	7,659	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/25/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	397	135	280	404

Details of work:

Remedial shallow cement job as a COA on Extraction's Johnsons Corner horizontal wells. 4 perf holes were shot from 397'-398'. 135 sx of Type I/II neat cement at 14.6 ppg and 1.3 cf/sx yield was pumped. Trace of cement was seen in returns at surface. CBL was run to verify cement coverage and casing was pressure tested to 370 psi for 15 minutes.

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	

Comment:

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

Signed: _____ Print Name: Ryan Warner

Title: Vice President Date: _____ Email: magpieoil@yahoo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401563767	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" 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>			
401563429	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401563460	WELLBORE DIAGRAM	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)