

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



DE ET OE ES

Document Number:

401443267

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 05-077-10457-00

County: MESA

Well Name: Bruton

Well Number: 30-04W

Location: QtrQtr: NENW Section: 30 Township: 9S Range: 93W Meridian: 6

Footage at surface: Distance: 980 feet Direction: FNL Distance: 1866 feet Direction: FWL

As Drilled Latitude: 39.252692 As Drilled Longitude: -107.814294

GPS Data:

Date of Measurement: 08/16/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: MARTIN PIERCE

** If directional footage at Top of Prod. Zone Dist.: 913 feet. Direction: FNL Dist.: 1286 feet. Direction: FWL

Sec: 30 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 913 feet. Direction: FNL Dist.: 1286 feet. Direction: FWL

Sec: 30 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) 09/05/2017 Date TD: 09/09/2017 Date Casing Set or D&A: 09/11/2017

Rig Release Date: 11/22/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8396 TVD** 8365 Plug Back Total Depth MD 8309 TVD** 8278

Elevations GR 7512 KB 7542 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

BHP, TRIPLE COMBO, 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	90	100	0	90	VISU
SURF	11	8+5/8	24	0	1,554	306	0	1,554	VISU
1ST	7+7/8	4+1/2	11.6	0	8,386	1,375	1,557	8,386	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	4,462				
WILLIAMS FORK	4,808				
CAMEO	6,920				
ROLLINS	7,453				

Comment:

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>					
401501739	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401501733	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>					
401466242	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401466247	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401466250	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401466260	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401466262	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401466265	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401466267	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401466269	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401485054	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401485058	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401485061	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401501728	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401501737	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401508128	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401508131	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401511282	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401568424	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>
		Stamp Upon Approval

Total: 0 comment(s)