

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



DE ET OE ES

Document Number:

401503885

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: 10531

Contact Name: Scott Ghan

Name of Operator: VANGUARD OPERATING LLC

Phone: (970) 876-1959

Address: 5847 SAN FELIPE #3000

Fax:

City: HOUSTON

State: TX

Zip: 77057

API Number 05-045-23534-00

County: GARFIELD

Well Name: Federal GGU

Well Number: 23A-28-691

Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 995 feet Direction: FSL Distance: 552 feet Direction: FWL

As Drilled Latitude: 39.494509 As Drilled Longitude: -107.566407

## GPS Data:

Date of Measurement: 01/05/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1533 feet. Direction: FSL Dist.: 1974 feet. Direction: FWL

Sec: 28 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 1534 feet. Direction: FSL Dist.: 1993 feet. Direction: FWL

Sec: 28 Twp: 6S Rng: 91W

Field Name: MAMM CREEK

Field Number: 52500

Federal, Indian or State Lease Number: COC-041048

Spud Date: (when the 1st bit hit the dirt) 11/21/2017 Date TD: 12/06/2017 Date Casing Set or D&amp;A: 12/07/2017

Rig Release Date: 12/19/2017 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7665 TVD\*\* 7339 Plug Back Total Depth MD 7644 TVD\*\* 7318

Elevations GR 6130 KB 6147

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, Temp, GR, (DIL in 045-07018).

## 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	80		0	80	CALC
SURF	12+1/4	8+5/8	32	0	827	199	0	827	VISU
1ST	7+7/8	6+1/2	11.6	0	7,665	771	1,867	7,665	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	
FORT UNION	1,586				
WASATCH	3,067				
MESAVERDE	3,415				
WILLIAMS FORK	3,445				
CAMEO COAL	7,197				
ROLLINS	7,495				
ILES	7,496				

Comment:

Conductor was cemented with 8 yards of Grout.  
No open hole logs ran per rule 317.p. Openhole log ran on Gibson Gulch Unit 13-28 (045-07018).

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

Signed: \_\_\_\_\_

Print Name: Julie Webb

Title: Sr. RegulatoryAnalyst

Date: \_\_\_\_\_

Email: jwebb@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401521743	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401504305	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>		
401504330	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521669	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521707	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521727	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521734	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401531762	LAS-GAMMA RAY	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)