

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:

401504594

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 05-045-23532-00

County: GARFIELD

Well Name: Federal GGU

Well Number: 24B-28-691

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

Footage at surface: Distance: 982 feet Direction: FSL Distance: 528 feet Direction: FWL

As Drilled Latitude: 39.494472 As Drilled Longitude: -107.566491

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.: 568 feet. Direction: FSL Dist.: 1977 feet. Direction: FWL

Sec: 28 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 531 feet. Direction: FSL Dist.: 1994 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) 12/09/2017 Date TD: 12/13/2017 Date Casing Set or D&A: 12/13/2017

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 7700 TVD** 7415 Plug Back Total Depth MD 7684 TVD** 7399

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	831	212	0	831	VISU
1ST	7+7/8	6+1/2	55	0	7,700	768	2,508	7,700	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	1,621				
WASATCH	3,045				
MESAVERDE	3,394				
WILLIAMS FORK	3,452				
CAMEO COAL	7,189				
ROLLINS	7,454				
ILES	7,455				

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. Regulatory Analyst

Date: _____

Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401521879	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401504685	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>		
401504688	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521896	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521902	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521925	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401521934	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401531787	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)