

Document Number:
401504720

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 05-045-23533-00 County: GARFIELD
 Well Name: Federal GGU Well Number: 24C-28-691
 Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 976 feet Direction: FSL Distance: 545 feet Direction: FWL
 As Drilled Latitude: 39.494455 As Drilled Longitude: -107.566433

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.: 891 feet. Direction: FSL Dist.: 1973 feet. Direction: FWL
 Sec: 28 Twp: 6S Rng: 91W
 ** If directional footage at Bottom Hole Dist.: 878 feet. Direction: FSL Dist.: 1997 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) 11/22/2017 Date TD: 12/02/2017 Date Casing Set or D&A: 12/02/2017
 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 7635 TVD** 7346 Plug Back Total Depth MD 7566 TVD** 7277

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	840	212	0	840	VISU
1ST	7+7/8	4+1/2	11.6	0	7,635	767	1,824	7,635	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	1,572				
WASATCH	3,019				
MESAVERDE	3,378				
WILLIAMS FORK	3,431				
CAMEO COAL	7,152				
ILES	7,440				
ROLLINS	7,440				

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 ?	
Attachment Checklist			
401522010	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401505864	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"/>
Other Attachments			
401505866	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401521945	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401521952	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401521981	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401521995	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401531803	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)