

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:

401548524

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 05-077-10408-00

County: MESA

Well Name: Nichols

Well Number: 0994-24-05E

Location: QtrQtr: SWNE Section: 24 Township: 9s Range: 94W Meridian: 6

Footage at surface: Distance: 1817 feet Direction: FNL Distance: 2791 feet Direction: FEL

As Drilled Latitude: 39.264603 As Drilled Longitude: -107.830592

GPS Data:

Date of Measurement: 08/06/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: CODY RICH

** If directional footage at Top of Prod. Zone Dist.: 1059 feet. Direction: FNL Dist.: 1497 feet. Direction: FEL

Sec: 24 Twp: 9S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1059 feet. Direction: FNL Dist.: 1497 feet. Direction: FEL

Sec: 24 Twp: 9S Rng: 94W

Field Name: BRUSH CREEK

Field Number: 7562

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/18/2017 Date TD: 12/20/2017 Date Casing Set or D&A: 12/20/2017

Rig Release Date: 02/14/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7682 TVD** 7443 Plug Back Total Depth MD 7580 TVD** 7341

Elevations GR 7137 KB 7161 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

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	84	100	0	84	VISU
SURF	11	8+5/8	24	0	1,552	288	0	1,552	VISU
1ST	7+7/8	4+1/2	11.6	0	7,672	1,191	2,702	7,672	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	4,365				
WILLIAMS FORK	4,781				
CAMEO	6,837				
ROLLINS	7,423				

Comment:

NO OPEN HOLE LOGS RUN ON THIS WELL. THE ONLY WELL OH LOGS WERE RUN ON THIS PAD WAS THE NICHOLS 0994 24-06W.

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>		
401552085	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401552078	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>		
401552074	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552084	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552089	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552093	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552094	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552095	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552096	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552107	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552108	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401552111	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401594677	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)