

FORM
5
Rev
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



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Document Number:
401548843

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: <u>10433</u>	Contact Name: <u>MEL LACKIE</u>
Name of Operator: <u>LARAMIE ENERGY LLC</u>	Phone: <u>(303) 339-4400</u>
Address: <u>1401 SEVENTEENTH STREET #1400</u>	Fax: <u>(303) 339-4399</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-077-10407-00</u>	County: <u>MESA</u>
Well Name: <u>Nichols</u>	Well Number: <u>0994-24-05W</u>
Location: QtrQtr: <u>SWNE</u> Section: <u>24</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1813</u> feet Direction: <u>FNL</u> Distance: <u>2800</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.264614</u> As Drilled Longitude: <u>-107.830625</u>	

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.: 1065 feet. Direction: FNL Dist.: 1521 feet. Direction: FWL
Sec: 24 Twp: 9S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1065 feet. Direction: FNL Dist.: 1521 feet. Direction: FWL
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) 12/21/2017 Date TD: 12/24/2017 Date Casing Set or D&A: 12/24/2017
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 7570 TVD** 7356 Plug Back Total Depth MD 7468 TVD** 7254

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	7,560	1,171	1,990	7,560	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	4,317				
WILLIAMS FORK	4,712				
CAMEO	6,735				
ROLLINS	7,335				

Comment:

NO OPEN HOLE LOGS RUN ON THIS WELL. THE ONLY OH LOG 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 ?	
Attachment Checklist			
401548851	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401551752	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			
401548850	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548853	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548854	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548855	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548856	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548857	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548858	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548859	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548860	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548861	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548862	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401548863	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401551751	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401595142	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)