

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401552880

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 05-077-10413-00 County: MESA
 Well Name: Nichols Well Number: 0994-13-21W
 Location: QtrQtr: SWNE Section: 24 Township: 9S Range: 94W Meridian: 6
 Footage at surface: Distance: 1779 feet Direction: FNL Distance: 2787 feet Direction: FEL
 As Drilled Latitude: 39.264708 As Drilled Longitude: -107.830572

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.: 186 feet. Direction: FSL Dist.: 1581 feet. Direction: FWL
 Sec: 13 Twp: 9S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 186 feet. Direction: FSL Dist.: 1581 feet. Direction: FWL
 Sec: 13 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) 01/24/2018 Date TD: 01/28/2018 Date Casing Set or D&A: 01/29/2018
 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 7931 TVD** 7418 Plug Back Total Depth MD 7834 TVD** 7321

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	1,571	297	0	1,571	VISU
1ST	7+7/8	4+1/2	11.6	0	7,921	1,237	3,508	7,921	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	4,579				
WILLIAMS FORK	5,038				
CAMEO	7,011				
ROLLINS	7,670				

Comment:

NO OPEN HOLE LOGS RUN ON THIS WELL. THE ONLY WELL OH LOGS WERE RUN 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			
401553215	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401553209	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			
401553208	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401553213	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401553219	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401580392	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401580393	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401580398	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401580399	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401580400	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401589023	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401589025	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401595942	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)