

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



Document Number:

401504594

Date Received:

03/21/2018

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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: 529 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.: 546 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				

Operator Comments

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: 3/21/2018 Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
401504594	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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>
Permit	-Corrected SHL to approved form 2 -BHL location good -TPZ corrected to reflect directional survey	03/19/2018

Total: 1 comment(s)