

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:

401668192

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 05-077-10393-00

County: MESA

Well Name: Nichols Federal

Well Number: 0994-24-19E

Location: QtrQtr: SENW Section: 24 Township: 9S Range: 94W Meridian: 6

Footage at surface: Distance: 2317 feet Direction: FNL Distance: 2791 feet Direction: FWL

As Drilled Latitude: 39.263222 As Drilled Longitude: -107.830847

## GPS Data:

Date of Measurement: 08/30/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: CODY RICH

\*\* If directional footage at Top of Prod. Zone Dist.: 673 feet. Direction: FSL Dist.: 1436 feet. Direction: FEL

Sec: 24 Twp: 9S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 673 feet. Direction: FSL Dist.: 1436 feet. Direction: FEL

Sec: 24 Twp: 9S Rng: 94W

Field Name: BRUSH CREEK

Field Number: 7562

Federal, Indian or State Lease Number: COC-076081

Spud Date: (when the 1st bit hit the dirt) 05/04/2018 Date TD: 05/07/2018 Date Casing Set or D&amp;A: 05/08/2018

Rig Release Date: 05/29/2018 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 8062 TVD\*\* 7396 Plug Back Total Depth MD 7968 TVD\*\* 7302

Elevations GR 7212 KB 7236 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	37	0	90	100	0	90	VISU
SURF	11	8+5/8	28	0	1,537	299	0	1,537	VISU
1ST	7+7/8	4+1/2	11.6	0	8,053	1,187	1,168	8,053	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	4,671				
WILLIAMS FORK	5,125				
CAMEO	7,220				
ROLLINS	7,809				

Comment:

NO OH LOGS RUN ON THIS WELL. THE NICHOLS 24-11E (API# 0507710397) RAN TRIPLE COMBO TO 4500' THEN TOOL STUCK. THE COGCC WAIVED THE REQUIREMENT TO RUN OH LOGS ON THE REST OF THIS PAD (NICHOLS 24-07 PAD) AND THE NICHOLS 24-06W (API# 0507710415) OH LOGS RUN ON THE 24-06A PAD CAN BE USED AS THE TRAINING WELL.

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>		
401700134	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401700130	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>		
401668293	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401700129	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401700133	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401708288	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401708290	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401719027	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401719033	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401719038	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401719042	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401719045	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401727925	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)