

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:

401726964

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 05-045-23796-00

County: GARFIELD

Well Name: CC

Well Number: 0697-03-12W

Location: QtrQtr: Lot 11 Section: 3 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 2208 feet Direction: FNL Distance: 2354 feet Direction: FEL

As Drilled Latitude: 39.558355 As Drilled Longitude: -108.205135

GPS Data:

Date of Measurement: 06/23/2017 PDOP Reading: 1.5 GPS Instrument Operator's Name: T SHERRILL

** If directional footage at Top of Prod. Zone Dist.: 2864 feet. Direction: FNL Dist.: 1280 feet. Direction: FWL

Sec: 3 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2864 feet. Direction: FNL Dist.: 1280 feet. Direction: FWL

Sec: 3 Twp: 6S Rng: 97W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number: COC79101

Spud Date: (when the 1st bit hit the dirt) 05/19/2018 Date TD: 05/25/2018 Date Casing Set or D&A: 05/26/2018

Rig Release Date: 08/15/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9716 TVD** 9473 Plug Back Total Depth MD 9622 TVD** 9379

Elevations GR 8428 KB 8458 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	18	47.44	0	110	100	0	110	VISU
SURF	14+3/4	9+5/8	36	0	2,548	1,307	1,188	2,548	VISU
1ST	8+3/4	4+1/2	11.6	0	9,706	1,714	2,804	9,706	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/22/2018

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	2,548	761	0	1,188

Details of work:

CEMENT TO SURF-DID NOT FALL AFTER 1 HR. 3 TOP OUT JOBS REQUIRED. 1ST WELL ON PAD

1) 85.8 BBLS (404.6 SXS) 15.6 PPG NEATCEM

2) 43.3 BBLS (204.2 SXS) 15.6 PPG NEATCEM

3) 32.2 BBLS (151.9 SXS) 15.6 PPG NEATCEM

TOP OUT JOB VOLUME 161.3 BBLS FOR ALL JOBS

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	6,556				
WILLIAMS FORK	6,800				
CAMEO	9,067				
ROLLINS	9,497				

Comment:

NO OH LOGS WERE RUN ON THIS WELL. OH LOGS WERE RUN ON THE CC 03-13W (API# 0504523794) AND THE CC 03-17W (API# 0504523815).

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>					
401759630	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401759627	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>					
401735153	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401735154	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401735155	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401735157	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401735163	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401735165	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401735166	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401735167	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401755326	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401755327	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401755328	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401759625	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401759629	WELLBORE DIAGRAM	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)