

State of Colorado Oil and Gas Conservation Commission



FOR OGCC USE ONLY
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1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: 74522
 2. Name of Operator: RIATA ENERGY, INC.
 3. Address: P.O. BOX 10209
 City: AMARILLO State: TX Zip: 79116-0209
 4. Contact Name and Telephone: SUSAN PROSSER
 No: (806) 352-2936
 Fax: (806) 352-3225

Complete the Attachment Checklist

5. API Number: 05-103-9914
 6. County: RIO BLANCO
 7. Well Name: FEDERAL 399 Well Number: 23-1
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SE SE SEC 23, T3S-R99W
 Footage at Surface: 3' FSL & 808' FEL
 9. Was a directional survey run? Y N
 If directional, footage at Top of Prod. Zone: _____
 If directional, footage at Bottom Hole: 3' FSL & 808' FEL
 10. Field Name: GREEN RIVER Sulphur Creek Field Number: 80090
 11. Federal, Indian or State Lease Number: _____

	Oper	OGCC
Survey Plat		
Directional Survey		
Surface Equipment Diagram		
Technical Information Page		
Other		

12. Spud Date: 10/28/98
 13. Date TD: 11/6/98
 14. Date Completed or D&A: _____
 16. Total Depth: MD 820' TVD _____
 17. Plug Back Total: MD _____ TVD _____
 18. Was a Mud Log Run? Yes No
 ** One copy of all electric and mud logs must be submitted. **
 19. Elevations: GR 22.9' KB
 20. List Electric Logs Run: N/A
 Due to hole instability from high water volumes, well is tight & no logs run

15. Well Classification

Dry Oil Gas
 Coalbed
 Stratigraphic Disposal
 Enhanced Recovery
 Gas Storage Observation
 Other: _____

21. CASING, LINER and CEMENT

Submit contractor's cement job summary for each string cemented.

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Cement Interval		Identify Method	
							Top	Bottom	CBL	Calc
8-5/8"	12 1/4	8 15/8	1"	Surface	50'	23	Surface	50'	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7 1/4	5 1/2	10.5#	Surface	500'	49.5	Surface	500'	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stage Cement										
Stage Cement										
Stage Cement										
Stage Cement										
Stage Cement										
Stage Cement										
Stage Cement										

22. FORMATION LOG INTERVALS and TEST ZONES

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Print Name: SUSAN PROSSER
 Signed: Susan Prosser Title: Regulatory Date: 4-6-00