

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



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Document Number:
401913934

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: 94300 Contact Name: Randy Ward
Name of Operator: WARD & SON* ALFRED Phone: (308) 2848350
Address: P O BOX 737 Fax: _____
City: OGALLALLA State: NE Zip: 69153

API Number 05-121-05567-00 County: WASHINGTON
Well Name: BLOMENKAMP Well Number: 4
Location: QtrQtr: SESE Section: 17 Township: 3S Range: 56W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____
** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____

Field Name: BIG BEAVER Field Number: 6415
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/02/1955 Date TD: 01/10/1955 Date Casing Set or D&A: 12/06/2018
Rig Release Date: 12/15/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 5086 TVD** _____ Plug Back Total Depth MD 5060 TVD** _____

Elevations GR 4685 KB 4692 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
cbl for cement top above the D Sand of the original drill

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
1ST LINER	5+1/2	4+1/2	10.5	0	4,970	190	0	4,970	VISU

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	

Comment:

this submittal is for recording liner, cbl and well log diagram required by Form 4

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Randy

Title: Pres Date: _____ Email: randy@wardoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401913973	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
401913970	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401914002	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

