

**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:  
402121698

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: 10312 Contact Name: Cam Gracey  
 Name of Operator: PROSPECT ENERGY LLC Phone: (970) 567-6871  
 Address: 1036 COUNTRY CLUB ESTATES DR Fax: \_\_\_\_\_  
 City: CASTLE ROCK State: CO Zip: 80108

API Number 05-069-06285-00 County: LARIMER  
 Well Name: MSSU Well Number: 19-8  
 Location: QtrQtr: NESE Section: 19 Township: 8N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1744 feet Direction: FSL Distance: 1255 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.: 1798 feet. Direction: FSL Dist.: 1326 feet. Direction: FEL  
 Sec: 19 Twp: 8N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 1798 feet. Direction: FSL Dist.: 1326 feet. Direction: FEL  
 Sec: 19 Twp: 8N Rng: 68W

Field Name: FORT COLLINS Field Number: 25100  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 03/30/1988 Date TD: 04/16/1988 Date Casing Set or D&A: 04/17/1988  
 Rig Release Date: 04/18/1988 Per Rule 308A.b.

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

Total Depth MD 4890 TVD\*\* 4840 Plug Back Total Depth MD 4840 TVD\*\* 4835

Elevations GR 5099 KB 5109 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 \_\_\_\_\_

**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
SURF	12+1/4	8+5/8	24	0	392	300	0	392	VISU
1ST	7+7/8	5+1/2	14	0	4,888	200	3,760	4,888	
2ND	5+1/2	4+1/2	11.6	0	4,695	200	0	4,695	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 Form 5 is being submitted to report the installation of a 4.5" second string on 7/16/2019. The casing was installed to repair the well in order to pass an MIT Test.

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

Signed: \_\_\_\_\_ Print Name: Jack Desmond

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: jdesmond@vanococonsulting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402121849	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402123978	OPERATIONS SUMMARY	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)

