

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



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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

User Group Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

