

FORM
5Rev
10/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402137918

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 47200

Contact Name: Thomas Hohn

Name of Operator: KGH OPERATING COMPANY

Phone: (406) 655-3381

Address: P O BOX 2235

Fax:

City: BILLINGS

State: MT

Zip: 59103-

Email: tkhohn@hohneng.com

API Number 05-103-10784-01

County: RIO BLANCO

Well Name: FEDERAL

Well Number: 24-15ST

Location: QtrQtr: NWNE Section: 25 Township: 1S Range: 104W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 336 feet Direction: FNL Distance: 2210 feet Direction: FEL
As Drilled Latitude: 39.938518 As Drilled Longitude: -109.015546

GPS Data:

Date of Measurement: 08/14/2019 PDOP Reading: 1.3 GPS Instrument Operator's Name: Joel LeFevre
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 224 feet Direction: FSL Dist: 2513 feet Direction: FEL
Sec: 24 Twp: 1S Rng: 104W

** If directional footage at Bottom Hole Dist: 224 feet Direction: FSL Dist: 2513 feet Direction: FEL
Sec: 24 Twp: 1S Rng: 104W

Field Name: GILSONITE DRAW

Field Number: 30100

Federal, Indian or State Lease Number: COC066739

Spud Date: (when the 1st bit hit the dirt) 07/17/2006 Date TD: 07/30/2006 Date Casing Set or D&A: 07/30/2006

Rig Release Date: 07/30/2006 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5158 TVD** 5045 Plug Back Total Depth MD 5158 TVD** 5045

Elevations GR 6703 KB 6714

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

High Definition Induction Log, Compensated Neutron Density

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	9+5/8	36	0	491	260	0	491	VISU
OPEN HOLE	8+3/4			491	5,098				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/30/2006

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		153	4,735	5,036
	OPEN HOLE		102	3,564	3,764
	SURF		60	441	541
	SURF		60	0	100

Details of work:

All plugs were set with open ended drill pipe

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	
CASTLEGATE	3,886		NO	NO	
MANCOS B	4,857		NO	NO	

Operator Comments:

This well was directionally drilled immediately after the KGH Federal 25-2 was plugged. This well was drilled from the same well pad as the Federal 25-2.

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

Signed: _____ Print Name: Thomas HohnTitle: Agent Date: _____ Email: tkhohn@hohneng.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402138012	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"/>
402138010	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
402137964	TIF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402137989	TIF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402148316	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402154348	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)

