

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:

402246250

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: 10671

Contact Name: Erik Larsen

Name of Operator: EDGE ENERGY II LLC

Phone: (303) 547-0792

Address: 1301 WASHINGTON AVE SUITE 300

Fax:

City: GOLDEN

State: CO

Zip: 80401-

Email: elarsen@edgeenergy1.com

API Number 05-123-47488-00

County: WELD

Well Name: Deporter

Well Number: 28-27-2H

Location: QtrQtr: NENE

Section: 29

Township: 11N

Range: 66W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 281 feet

Direction: FNL

Distance: 550 feet

Direction: FEL

As Drilled Latitude: 40.898520

As Drilled Longitude: -104.793290

GPS Data:

Date of Measurement: 12/23/2019

PDOP Reading: 3.3

GPS Instrument Operator's Name: JAKE STILLE

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 970 feet

Direction: FNL

Dist: 620 feet

Direction: FWL

Sec: 28

Twp: 11N

Rng: 66W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 988 feet

Direction: FNL

Dist: 565 feet

Direction: FEL

Sec: 27

Twp: 11N

Rng: 66W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/05/2019

Date TD: 11/13/2019

Date Casing Set or D&A: 11/16/2019

Rig Release Date: 11/16/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 18400

TVD** 8663

Plug Back Total Depth MD 18392

TVD** 8663

Elevations GR 5644

KB 5667

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

☒

List Electric Logs Run:

CBL, Mud, MWD/LWD, Triple Combo

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
CONDUCTOR	26	16	42	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,548	395	0	1,548	VISU
1ST	8+1/2	5+1/2	20	0	18,396	2,640	3,100	18,396	CBL

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	
PARKMAN	5,173				
SUSSEX	5,969				
SHANNON	6,453				
SHARON SPRINGS	8,374				
NIOBRARA	8,511				
FORT HAYS	9,036				
CODELL	9,306				

Operator Comments:

The stated footages for TPZ are at 9,042' MD, 8,703' TVD. If changed upon completion, this will be updated on the Form 5A.
The stated footages for the BHL are from the Projection to Bit footages from the As Drilled Directional Survey.

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

Signed: _____

Print Name: SEAN DOLFINGER

Title: Engineering Tech.

Date: _____

Email: sean.dolfinger@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402261224	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402261225	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
402261205	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402261206	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402261226	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402269024	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402269028	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402269031	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402269033	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402274327	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402274328	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402274329	PDF-MWD/LWD	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)

