

FORM  
5Rev  
02/20

## 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:

402514177

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: 14855

Contact Name: Conner Staley

Name of Operator: CENTRAL OPERATING INC

Phone: (303) 8949576

Address: 1600 BROADWAY STE 1050

Fax:

City: DENVER

State: CO

Zip: 80202

Email: coidenverproduction@gmail.com

API Number 05-121-08988-00

County: WASHINGTON

Well Name: STATE

Well Number: 3

 Location: QtrQtr: NWSW Section: 36 Township: 3S Range: 51W Meridian: 6  
 FNL/FSL FEL/FWL

Footage at surface: Distance: 2050 feet Direction: FSL Distance: 800 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

GPS Instrument Operator's Name: FNL/FSL FEL/FWL

 \*\* 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: STIRRUP

Field Number: 79380

Federal, Indian or State Lease Number: CO 68/4808-S

Spud Date: (when the 1st bit hit the dirt) 05/03/1975 Date TD: 05/06/1975 Date Casing Set or D&amp;A: 09/24/2020

Rig Release Date: 10/06/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 4035 TVD\*\* Plug Back Total Depth MD 3934 TVD\*\*

Elevations GR 4606 KB 4615 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
1ST LINER	5+1/2	4+1/2	14.6	0	3,700	200	0	3,700	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 09/24/2020

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST LINER	3,700	120	1,850	3,700
PERF & PUMP	1ST LINER		80	0	1,850

Details of work:

9/24/2020 - Ran 4-1/2 liner to 3,700'. Mix and pump 120 sx 24.57 bbl 14.5lb cement and displace, shut-in. COGCC Rep Susan Sherman Witness. Mix & pump 80 sx 16.38 down 5-1/2" casing from surface & shut-in. COGCC Rep Susan Sherman Witness.

9/25/2020 - MIT well witnessed by COGCC Rep Susan Sherman. See attached Form 21. See attached CBL.

**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	

Operator Comments:

This report is for a subsequently approved workover (liner run). This is the 30 day report. A follow-up Bradenhead test will follow.

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

Signed: \_\_\_\_\_

Print Name: Conner Staley

Title: Engineer Date: \_\_\_\_\_ Email: coidenverproduction@gmail.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402514260	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"/>
402514240	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
402514228	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

