

FORM  
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Rev  
11/20

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

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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: 95960 Contact Name: juan sosa  
Name of Operator: WEXPRO COMPANY Phone: (801) 324-5784  
Address: P O BOX 45003 Fax: \_\_\_\_\_  
City: SALT LAKE CITY State: UT Zip: 84145- Email: Juan.E.Sosa@dominionenergy.com

API Number 05-081-05720-00 County: MOFFAT  
Well Name: LASHER Well Number: 4  
Location: QtrQtr: NWNW Section: 25 Township: 12N Range: 101W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 805 feet Direction: FNL Distance: 660 feet Direction: FWL  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_  
GPS Data: GPS Quality Value: \_\_\_\_\_ Type of GPS Quality Value: \_\_\_\_\_ Date of Measurement: \_\_\_\_\_  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
Field Name: HIAWATHA WEST Field Number: 34351  
Federal, Indian or State Lease Number: 37164

Spud Date: (when the 1st bit hit the dirt) 08/08/1965 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_

Rig Release Date: 08/30/1965 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 4462 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 4430 TVD\*\* \_\_\_\_\_

Elevations GR 6649 KB 11 Digital Copies of ALL Logs must be Attached

List All Logs Run:

### FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): \_\_\_\_\_ Fresh Water (bbls): \_\_\_\_\_

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): \_\_\_\_\_

### CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
SURF	12+1/4	8+5/8	J-55	32	0	326	180	327	0	VISU
1ST	7+5/8	4+1/2	N-80	11.6	0	4460	790	4462	2480	CBL

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold 98 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

This information is currently unknown. This well was drilled in 1965. That information is not known.

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,979	38		
SQUEEZE	1ST	1,979	45		
SQUEEZE	1ST	1,580	40		

Details of work:

9/25/2020 38 sk squeeze 1979  
9/29/2020 45 sk squeeze 1979  
10/2/2020 40 sk squeeze 1580

no logs were run after the work was performed so we have no details of cement top & bottom behind the casing.

### 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:

Rig release date of 8/30/1965 is an estimation based upon the TD date of 8/27/1965.

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

Signed: \_\_\_\_\_ Print Name: Jan Crompton

Title: Senior Permit Agent Date: \_\_\_\_\_ Email: Jan.Crompton@dominionenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402534888	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"/>
402534876	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
402534887	WELLBORE DIAGRAM	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)

