

FORM
5

Rev
12/20

State of Colorado

Oil and Gas Conservation Commission

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



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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: 72400 Contact Name: Jeff Schneider
Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO Phone: (970) 867-9437
Address: 1123 W 3RD AVE Fax: (970) 867-9137
City: DENVER State: CO Zip: 80223 Email: jeff@schneiderenergy.com

API Number 05-087-07091-00 County: MORGAN
Well Name: STORAGE UNIT Well Number: 23
Location: QtrQtr: SWNE Section: 28 Township: 2N Range: 60W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FEL
As Drilled Latitude: 40.111560 As Drilled Longitude: -104.101030
GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:
** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
Field Name: ROUNDUP Field Number: 74950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/17/1980 Date TD: 09/19/1980 Date Casing Set or D&A: 09/19/1980
Rig Release Date: 09/20/1980 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6600 TVD** Plug Back Total Depth MD 6561 TVD**
Elevations GR 4697 KB 4707 Digital Copies of ALL Logs must be Attached

List All Logs Run:
Induction, Gamma Ray, Acoustilog, Ultrasonic Imager/Casing Evaluation.

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 500 Fresh Water (bbls): 500
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	8+5/8	K-55	24	0	233	190	190	0	VISU
S.C. 1.1	7+7/8	4+1/2	K-55	10.5	0	6595	1530	6595	0	VISU

Bradenhead Pressure Action Threshold 70 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 well was drilled and casing ran before the Rule 408. g. was a requirement.

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	
NIOBRARA	5,623	5,960	NO	NO	No gas shows
FORT HAYS	5,960	6,002	NO	NO	No Gas Shows
CODELL	6,002	6,030	NO	NO	No Gas Shows
D SAND	6,393	6,423	NO	NO	Slight Gas Show
J SAND	6,472	6,476	NO	NO	Slight Gas Show
J-2 SAND	6,489	6,498	NO	NO	Slight Gas Show
J-3 SAND	6,500	6,546	NO	NO	Slight Gas show 6500'-6510', Gas Show 6512'-6546'.

Operator Comments:

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

Signed: _____

Print Name: Jeff Schneider

Title: Consultant

Date: _____

Email: jeff@schneiderenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402613853	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402613856	LAS-CASING EVALUATION TOOL	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)

