

FORM
5Rev
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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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: 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

FNL/FSL

FEL/FWL

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:

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: 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 SchneiderTitle: 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)

