

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



Document Number:

403024886

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: 10770 Contact Name: Travis Hahn
Name of Operator: VISION ENERGY LLC Phone: (970) 563-0082
Address: P O BOX 370 Fax:
City: IGNACIO State: CO Zip: 81137 Email: travis@visionenergy.biz

API Number 05-077-08691-00 County: MESA
Well Name: SULFUR GULCH 9-98-10 Well Number: 2
Location: QtrQtr: NWNW Section: 10 Township: 9S Range: 98W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 861 feet Direction: FNL Distance: 792 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: BRONCO FLATS Field Number: 7563
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/31/1996 Date TD: 06/04/1996 Date Casing Set or D&A:
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 3094 TVD** 3094 Plug Back Total Depth MD TVD** 3094
Elevations GR 5366 KB 5378 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

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	L-80	24	0	280	190	280	0	VISU
1ST	7+7/8	5+1/2	L-80	15.5	0	3089	305	3089	0	CBL

Bradenhead Pressure Action Threshold 84 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? Yes

If "NO", provide details below.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/23/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	1,590	45	1,278	1,590

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	

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: Travis Hahn

Title: Regulatory Land Tech

Date: _____

Email: travis@visionenergy.biz

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403024915	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
403024916	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)