

FORM  
5

Rev  
12/20

# 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: 74740 Contact Name: Miachel Hayes Miachel Hayes  
Name of Operator: RIO MESA RESOURCES INC Phone: (970) 6202257  
Address: P.O. BOX 984 Fax: \_\_\_\_\_  
City: RANGELY State: CO Zip: 81648 Email: hayespetroleum@gmail.com

API Number 05-103-08613-00 County: RIO BLANCO  
Well Name: PHILLIPS-LUFT Well Number: 2-31  
Location: QtrQtr: NWNW Section: 31 Township: 2N Range: 101W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 490 feet Direction: FNL Distance: 600 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: RANGELY Field Number: 72370  
Federal, Indian or State Lease Number: 47569

Spud Date: (when the 1st bit hit the dirt) 12/28/1980 Date TD: 02/24/1981 Date Casing Set or D&A: 03/23/1981  
Rig Release Date: 03/25/1981 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 6608 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 6577 TVD\*\* \_\_\_\_\_

Elevations GR 5353 KB 17 Digital Copies of ALL Logs must be Attached

List All Logs Run:

No logs were ran on surface squeeze job that i could find

### 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	n/a	15.5	3656	6608	425	6608	3656	CBL

Bradenhead Pressure Action Threshold 1982 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: 09/23/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

lost records on bullhead cement job done in 2012.  
 From knowledge of the job , We pumped approximately 400 sacks of cement down 8 5/8 casing , we had cement returns out side of 8 5/8". Drilled out cement top of cmt @ 65' start drill out testing every connection / had good test all the way to liner top were a sandplug was set for job cleaned out to fish top in liner. Had well ready to start fishing job.

### 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: Miachel Hayes

Title: President Date: \_\_\_\_\_ Email: hayespetroleum@gmail.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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	rt'd to DRAFT - CBL cited - needs to be submitted to document cement	11/23/2022

Total: 1 comment(s)