

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

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



Document Number:

403865998

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

ECMC Operator Number: 10433

Contact Name: Lori Muhr

Name of Operator: LARAMIE ENERGY LLC

Phone: (970) 312-6479

Address: 1700 LINCOLN ST STE 3950

Fax:

City: DENVER

State: CO

Zip: 80203

Email: LMuhr@Laramie-Energy.com

API Number 05-045-13040-00

County: GARFIELD

Well Name: CASCADE CREEK

Well Number: 697-20-11D

Location: QtrQtr: NENW

Section: 20

Township: 6S

Range: 97W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1025 feet

Direction: FNL

Distance: 1904 feet

Direction: FWL

As Drilled Latitude: 39.512910

As Drilled Longitude: -108.246116

GPS Data: GPS Quality Value: 1.4

Type of GPS Quality Value: PDOP

Date of Measurement: 08/22/2006

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 828 feet

Direction: FNL

Dist: 1493 feet

Direction: FWL

Sec: 20

Twp: 6S

Rng: 97W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 800 feet

Direction: FNL

Dist: 1488 feet

Direction: FWL

Sec: 20

Twp: 6S

Rng: 97W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/07/2007

Date TD: 03/31/2007

Date Casing Set or D&amp;A: 04/01/2007

Rig Release Date: 04/01/2007 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 6880

TVD\*\* 6850

Plug Back Total Depth MD 6794

TVD\*\* 6764

Elevations GR 6510

KB 6534

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, Gamma Ray, CCL, Temp Log, RMTE

## 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>
CONDUCTOR	22	16	na	na	0	60	0	60	0	CALC
SURF	12+1/4	9+5/8	na	na	0	1065	289	1065	0	CALC
1ST	8+3/4	4+1/2	na	na	0	6863	1625	6863	1270	CBL

Bradenhead Pressure Action Threshold 320 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: \_\_\_\_\_

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 ECMC)
	Top	Bottom	DST	Cored	
WASATCH G	2,581	2,707			
FORT UNION	2,707	3,883			
MESAVERDE	3,883	4,103			
WILLIAMS FORK	4,103	6,165			
CAMEO	6,165	6,603			
ROLLINS	6,603				

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: Lori MuhrTitle: Regulatory Analyst

Date: \_\_\_\_\_

Email: LMuhr@Laramie-Energy.com

### ATTACHMENT 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>
		Stamp Upon Approval

Total: 0 comment(s)