

FORM  
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Rev  
12/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:

403865940

Date Received:

07/25/2024

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 05-045-13035-00 County: GARFIELD
Well Name: CASCADE CREEK Well Number: 697-17-58D
Location: QtrQtr: NENW Section: 20 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 1013 feet Direction: FNL Distance: 1908 feet Direction: FWL
As Drilled Latitude: 39.512942 As Drilled Longitude: -108.246104
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 08/22/2006
\*\* If directional footage at Top of Prod. Zone Dist: 436 feet Direction: FSL Dist: 1268 feet Direction: FWL
\*\* If directional footage at Bottom Hole Dist: 492 feet Direction: FSL Dist: 1292 feet Direction: FWL
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/04/2007 Date TD: 04/11/2007 Date Casing Set or D&A: 04/12/2008
Rig Release Date: 04/12/2008 Per Rule 308A.b.

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

Total Depth MD 7225 TVD\*\* 6858 Plug Back Total Depth MD 7134 TVD\*\* 6767
Elevations GR 6534 KB 6558 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, Gamma Ray, CCL, Temp Log, RMTE Gamma Ray

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	20	16	na	na	0	60	0	60	0	CALC
SURF	12+1/4	9+5/8	na	na	0	1034	289	1034	0	CALC
1ST	8+3/4	4+1/2	na	na	0	7213	1567	7213	350	CBL

Bradenhead Pressure Action Threshold   310   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	2,741	2,920			
FORT UNION	2,920	4,188			
MESAVERDE	4,188	4,420			
WILLIAMS FORK	4,420	6,510			
CAMEO	6,510	6,923			
ROLLINS	6,923				

Operator Comments:

Submitted to correct "as built" location

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

Signed: \_\_\_\_\_ Print Name:   Lori Muhr  

Title:   Regulatory Analyst   Date:   7/25/2024   Email:   LMuhr@Laramie-Energy.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
	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"/>
<b><u>Other Attachments</u></b>			
403865940	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Added "as built" comment to Submit tab	07/29/2024

Total: 1 comment(s)