

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:

403995054

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: 10515 Contact Name: Tyson Johnston
Name of Operator: GUNNISON ENERGY LLC Phone: (303) 296-8807
Address: 999 18TH STREET SUITE 1755N Fax:
City: DENVER State: CO Zip: 80202 Email: tyson.johnston@oxbow.com

API Number 05-051-06073-00 County: GUNNISON
Well Name: HOTCHKISS FEDERAL 12-89 Well Number: 18-22D
Location: QtrQtr: SENW Section: 18 Township: 12S Range: 89W Meridian: 6
Footage at surface: Distance: 1446 feet Direction: FNL Distance: 3027 feet Direction: FEL
GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:
** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
Field Name: WEST MUDDY CREEK Field Number: 91970
Federal, Indian or State Lease Number: 65106

Spud Date: (when the 1st bit hit the dirt) 09/03/2006 Date TD: 10/31/2006 Date Casing Set or D&A: 11/02/2006
Rig Release Date: 11/03/2006 Per Rule 308A.b.

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

Total Depth MD 9180 TVD** Plug Back Total Depth MD TVD**
Elevations GR 7332 KB 7352 Digital Copies of ALL Logs must be Attached

List All Logs Run:
Temperature Log

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 0 Fresh Water (bbls): 0
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
CONDUCTOR	24	20	UNK	UNK	0	60		60	0	VISU
SURF	17+1/2	13+3/8	J-55	54.5	0	835		835	0	CBL
1ST	12+1/4	9+5/8	J-55	40	0	3247		3247	0	CBL
2ND	8+1/2	7	J-55	26	0	7952		7952	0	CBL
1ST LINER	6+1/8	4+1/2	P-110	11.6	7129	9176		9176	7395	CBL

Bradenhead Pressure Action Threshold 250 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.

Well was drilled in 2006 - unknown if well construction complies with current Rule 408.g

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/08/2024

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST LINER		100	7,860	8,052

Details of work:

06/18/2024: RIH with WL and set CIC at 7860' RIH with tubing and sting into retainer. Pump 100 sks of class g neat cement. Injection locked up, and cement pump lost hydraulics (unable to reverse out). POOH with tubing and cement string.

08/08/2024: RIH with WL and set CICR. RIH and sting into reatiner. Pump 50 sk hesitation squeeze. Unable to pull out of retainer and squeeze cement away.

Please see attached operations summary.

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	

Operator Comments:

Fluid quantities used in original drilling are unknown.

Temperature Log was run during operations; log is attached.

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

Signed: _____

Print Name: Jessica Donahue

Title: Compliance Specialist

Date: _____

Email: jdonahue@ardorenvironmental.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403997407	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
403997409	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403997416	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403997417	PDF-TEMPERATURE	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)