

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:

404103689

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: 95620 Contact Name: Steve James
Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 8932438
Address: 1165 DELAWARE STREET #200 Fax:
City: DENVER State: CO Zip: 80204 Email: steve@westernoperating.com

API Number 05-075-05606-00 County: LOGAN
Well Name: VAN GUNDY, FRED Well Number: 2
Location: QtrQtr: NWNE Section: 35 Township: 8N Range: 54W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 330 feet Direction: FNL Distance: 2310 feet Direction: FEL
As Drilled Latitude: 40.623180 As Drilled Longitude: -103.381080
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: PAWNEE CREEK Field Number: 67600
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/16/1955 Date TD: 09/23/1955 Date Casing Set or D&A: 09/29/1955
Rig Release Date: 09/29/1955 Per Rule 308A.b.

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

Total Depth MD 5063 TVD** Plug Back Total Depth MD 5063 TVD**
Elevations GR 4160 KB 4235 Digital Copies of ALL Logs must be Attached

List All Logs Run:
Electrical Log - 9/21/1955
Miro Log - 9/21/1955
No logs in files to submit to record.

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

<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	9+5/8	NA	NA	0	180	200	200	0	VISU
1ST	7+7/8	5+1/2	J-55	14	0	5053	200	5053		CALC

Bradenhead Pressure Action Threshold 54 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	
J SAND	5,029	5,061	NO	NO	

Operator Comments:

Doc No. 248307 related to this Form 5, Drilling Completion Report.
 Production string TOC is unknown.
 Form being submitted as per ECMC Comment on Deleted Doc No. 404075922.

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

Signed: _____ Print Name: Mackenzie Smith

Title: Staff Engineer Date: _____ Email: msmith@ardorenvironmental.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"/>
404103704	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
404103900	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)