

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

404005517

Date Received:

11/25/2024

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: 10779

Contact Name: Anita Sanford

Name of Operator: SCOUT ENERGY MANAGEMENT LLC

Phone: (970) 551-8313

Address: 13800 MONTFORT DRIVE SUITE 100

Fax:

City: DALLAS State: TX Zip: 75240

Email: anita.sanford@scoutep.com

API Number 05-103-05715-00

County: RIO BLANCO

Well Name: GRAY

Well Number: A-9

Location: QtrQtr: NESE Section: 24 Township: 2N Range: 103W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2120 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

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:
Sec: Twp: Rng: FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
Sec: Twp: Rng: FNL/FSL FEL/FWL

Field Name: RANGELY Field Number: 72370

Federal, Indian or State Lease Number: 47443

Spud Date: (when the 1st bit hit the dirt) 06/20/1945 Date TD: 09/22/1945 Date Casing Set or D&A:

Rig Release Date: 09/24/1945 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6475 TVD** Plug Back Total Depth MD 6471 TVD**

Elevations GR 5371 KB 5384 Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

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	10+3/4	9+5/8	J55	36	0	1474		1474	0	VISU
1ST	9+5/8	7	J55	23	0	5892	1250	5892	0	CALC
S.C. 1.1						4963	100	4963	4953	CALC
1ST LINER	7	5	L80	18	5423	6471	150	6471	5423	CALC

Bradenhead Pressure Action Threshold 442 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 drilled in 1945

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	
NIOBRARA	2,018	2,943	NO	NO	
FRONTIER	2,943	3,298	NO	NO	
DAKOTA	3,298	3,370	NO	NO	
MORRISON	3,370	4,098	NO	NO	
CURTIS	4,098	4,196	NO	NO	
ENTRADA	4,196	4,330	NO	NO	
CARMEL	4,330	4,382	NO	NO	
NAVAJO	4,382	5,003	NO	NO	
CHINLE	5,003	5,132	NO	NO	
SHINARUMP	5,132	5,192	NO	NO	
MOENKOPI	5,193	5,875	NO	NO	
WEBER	5,875	6,475	NO	NO	

Operator Comments:

At the request of ECMC submit to update scout card.

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

Signed: _____

Print Name: Anita Sanford

Title: Sr. Regulatory Analyst

Date: 11/25/2024

Email: anita.sanford@scoutep.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"/>
<u>Other Attachments</u>			
404005517	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	02/03/2025

Total: 1 comment(s)