

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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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: 10779 Contact Name: Anita Sanford
Name of Operator: SCOUT ENERGY MANAGEMENT LLC Phone: (970) 5518313
Address: 13800 MONTFORT DRIVE SUITE 100 Fax:
City: DALLAS State: TX Zip: 75240 Email: anita.sanford@scoutep.com

API Number 05-103-05659-00 County: RIO BLANCO
Well Name: NEAL Well Number: 5A
Location: QtrQtr: SWNE Section: 25 Township: 2N Range: 103W Meridian: 6
Footage at surface: Distance: 2030 feet Direction: FNL Distance: 2067 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: RANGELY Field Number: 72370
Federal, Indian or State Lease Number: 47443

Spud Date: (when the 1st bit hit the dirt) 05/12/1948 Date TD: Date Casing Set or D&A:
Rig Release Date: 07/04/1948 Per Rule 308A.b.

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

Total Depth MD 6430 TVD** Plug Back Total Depth MD TVD**
Elevations GR 5375 KB 5388 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): Fresh Water (bbls):
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

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
SURF	16	10+3/4	j55	40.5	0	2771	800	2771	0	VISU
1ST	10+3/4	7	j55	23	0	5770	1100	5770	0	CALC
1ST LINER	7	5	l80	18	5554	6428	375	6428	5554	CALC

Bradenhead Pressure Action Threshold 831 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 1948

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	
DAKOTA	3,123	3,210	NO	NO	
MORRISON	3,210	3,910	NO	NO	
CURTIS	3,910	4,003	NO	NO	
ENTRADA	4,003	4,150	NO	NO	
CARMEL	4,150	4,208	NO	NO	
NAVAJO	4,208	4,831	NO	NO	
CHINLE	4,831	4,951	NO	NO	
SHINARUMP	4,951	5,247	NO	NO	
MOENKOPI	5,247	5,693	NO	NO	
WEBER	5,693	6,430	NO	NO	

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: Anita Sanford

Title: Sr. Regulatory Analyst

Date: _____

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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)