

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:

404192936

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 05-103-10723-00

County: RIO BLANCO

Well Name: ASSOCIATED UNIT A

Well Number: 3X

Location: QtrQtr: NENE Section: 14 Township: 2N Range: 103W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1263 feet Direction: FNL Distance: 1241 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:

Spud Date: (when the 1st bit hit the dirt) 03/27/2007 Date TD: Date Casing Set or D&A:

Rig Release Date: 05/07/2007 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6705 TVD** Plug Back Total Depth MD 6705 TVD**

Elevations GR 5529 KB 5551 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

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	9+5/8	k55	36	0	2063	787	2063	0	CALC
1ST	9+5/8	7	J55	23	0	6467	620	6467	0	CALC
OPEN HOLE		7			6467	6705				

Bradenhead Pressure Action Threshold 619 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 2007

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	3,855	3,938	NO	NO	
MORRISON	3,938	4,646	NO	NO	
CURTIS	4,646	4,754	NO	NO	
ENTRADA	4,754	4,897	NO	NO	
CARMEL	4,897	4,963	NO	NO	
NAVAJO	4,963	5,580	NO	NO	
CHINLE	5,580	5,700	NO	NO	
SHINARUMP	5,700	5,827	NO	NO	
MOENKOPI	5,827	6,473	NO	NO	
WEBER	6,473	6,705	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 SanfordTitle: 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)