

FORM
5
Rev
12/20



Document Number:
404184904
Date Received:
04/30/2025

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 05-103-09152-00 County: RIO BLANCO
Well Name: A.C. MCLAUGHLIN Well Number: 77X
Location: QtrQtr: SENE Section: 15 Township: 2N Range: 103W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2473 feet Direction: FNL Distance: 51 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____
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: RANGELY Field Number: 72370
Federal, Indian or State Lease Number: 47443

Spud Date: (when the 1st bit hit the dirt) 06/06/1984 Date TD: _____ Date Casing Set or D&A: _____
Rig Release Date: 08/29/1984 Per Rule 308A.b.

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

Total Depth MD 6700 TVD** _____ Plug Back Total Depth MD 6680 TVD** _____
Elevations GR 5504 KB 5514 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	2467	560	2467	0	CALC
1ST	9+5/8	7	K55	23 26	0	6753	1842	6753	0	CALC

Bradenhead Pressure Action Threshold 740 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 1984

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	2,640	3,393	NO	NO	
FRONTIER	3,393	3,655	NO	NO	
MOWRY	3,655	3,750	NO	NO	
DAKOTA	3,750	3,838	NO	NO	
MORRISON	3,838	4,550	NO	NO	
CURTIS	4,550	4,651	NO	NO	
ENTRADA	4,651	4,800	NO	NO	
CARMEL	4,800	4,850	NO	NO	
NAVAJO	4,850	5,480	NO	NO	
CHINLE	5,480	5,593	NO	NO	
SHINARUMP	5,593	5,668	NO	NO	
MOENKOPI	5,668	6,352	NO	NO	
WEBER	6,352	6,760	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: 4/30/2025 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>			
404184904	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>
Engineering Tech	Form 4, Doc # 404184751, updated WBD Added Well Classification, Oil Well, to align with Production Reports TD date not available in historic well files Form 5 submitted to update well file Engineering review complete	08/27/2025
Permit	Per operator " Form 5's Completed Interval reports are reporting work completed per an approved Form 4 reporting changes to the wellbore casing or cement configuration or at the request of an ECMC staff to update the well file. (per rule 414.b)"	08/25/2025

Total: 2 comment(s)