

FORM 5 Rev 12/20



Document Number: 404193023 Date Received: 05/07/2025

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 [X] 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 05-103-09288-00 County: RIO BLANCO Well Name: A C MCLAUGHLIN Well Number: 59AX Location: QtrQtr: NWSE Section: 14 Township: 2N Range: 103W Meridian: 6 FNL/FSL FEL/FWL Footage at surface: Distance: 1560 feet Direction: FSL Distance: 2467 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: ** 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) 08/04/1987 Date TD: 08/23/1987 Date Casing Set or D&A: Rig Release Date: 09/20/1987 Per Rule 308A.b.

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

Total Depth MD 6717 TVD** Plug Back Total Depth MD 6680 TVD** Elevations GR 5471 KB 5491 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	16	9+5/8	k55	36	0	1773	700	1773	0	VISU
1ST	9+5/8	7	K55	23 26	0	6720	1085	6720	0	CBL

Bradenhead Pressure Action Threshold 532 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 1987

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	3,661	3,758	NO	NO	
MORRISON	3,758	4,563	NO	NO	
ENTRADA	4,563	4,760	NO	NO	
NAVAJO	4,760	5,392	NO	NO	
CHINLE	5,392	6,273	NO	NO	
WEBER	6,273	3,716	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: 5/7/2025 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>			
404193023	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404193104	WELLBORE DIAGRAM	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 #404193000, updated WBD Added Well Classification, Oil Well, to align with Production Reports Form 5, Doc #10309288 provided TD date, added to this Form No casing setting date is found in the historic well file Form 5 submitted to update well file, WBD attached to this Form 5 Engineering review complete	08/27/2025

Total: 1 comment(s)