

FORM 5 Rev 12/20



Document Number: 404172696 Date Received: 04/21/2025

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 05-103-09123-00 County: RIO BLANCO Well Name: SHARPLES MC LAUGHLIN Well Number: 14Y33 Location: QtrQtr: SENW Section: 33 Township: 2N Range: 102W Meridian: 6 Footage at surface: Distance: 1359 feet Direction: FNL Distance: 2136 feet Direction: FWL 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) 01/15/1984 Date TD: 02/20/1984 Date Casing Set or D&A: Rig Release Date: 03/28/1984 Per Rule 308A.b.

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

Total Depth MD 6508 TVD\*\* Plug Back Total Depth MD 6419 TVD\*\* Elevations GR 5240 KB 5250 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        | 13+3/4       | 9+5/8          | K55   | 36    | 0             | 2621          | 900       | 2621    | 0       | CALC   |
| 1ST         | 8+3/4        | 7              | K55   | 23 26 | 0             | 6508          | 1075      | 6508    | 0       | CALC   |

Bradenhead Pressure Action Threshold 786 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       | 1,761          | 2,665  | NO               | NO    |  |
| FRONTIER       | 2,665          | 2,938  | NO               | NO    |  |
| MOWRY          | 2,938          | 3,036  | NO               | NO    |  |
| DAKOTA         | 3,036          | 3,102  | NO               | NO    |  |
| MORRISON       | 3,102          | 4,050  | NO               | NO    |  |
| CARMEL         | 4,050          | 4,668  | NO               | NO    |  |
| CHINLE         | 4,668          | 4,804  | NO               | NO    |  |
| SHINARUMP      | 4,804          | 4,880  | NO               | NO    |  |
| MOENKOPI       | 4,880          | 5,530  | NO               | NO    |  |
| WEBER          | 5,530          | 6,508  | 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: 4/21/2025 Email: anita.sanford@scoutep.com

**ATTACHMENT LIST**

| Att Doc Num                        | Document Name         | attached ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
|                                    | 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"/> |
| <b><u>Other Attachments</u></b>    |                       |   |  |
| 404172696                          | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>  | <b><u>Comment Date</u></b> |
|--------------------------|--|----------------------------|
| Engineering Tech         | Added Oil Well Classification to align with the Scout Card and Form 7 Production Reporting<br>Corrected Surface Casing Hole size from 16" to 13-3/4" to align with Form 5, Doc #601566<br>Corrected First String Casing Hole Size from 9-5/8" to 8-3/4" to align with Form 5, Doc #601566 and Operator submitted WBD Doc #404172657<br>Form 4, Doc #404172640, WBD Doc #404172657<br>Form 5, Doc #601566 provided TD date added to this Form and correcting the Rig Release date from 3/29/1984 to 3/28/1984<br>Engineering review complete and passed | 09/11/2025                 |
| 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)"  | 09/09/2025                 |

Total: 2 comment(s)