

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:

404155551

Date Received:

04/07/2025

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 Final completion Preliminary completion

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

API Number <u>05-103-01014-00</u>	County: <u>RIO BLANCO</u>
Well Name: <u>MCLAUGHLIN A C</u>	Well Number: <u>53X</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>14</u> Township: <u>2N</u> Range: <u>103W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1315</u> feet Direction: <u>FSL</u> Distance: <u>5</u> feet Direction: <u>FWL</u>	
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: <u>RANGELY</u> Field Number: <u>72370</u>	
Federal, Indian or State Lease Number: <u>47443</u>	

Spud Date: (when the 1st bit hit the dirt) 08/09/1966 Date TD: 09/04/1966 Date Casing Set or D&A: _____
Rig Release Date: 09/08/1966 Per Rule 308A.b.

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

Total Depth MD <u>6655</u> TVD** _____	Plug Back Total Depth MD _____ TVD** _____
Elevations GR <u>5496</u> KB <u>5509</u>	Digital Copies of ALL Logs must be Attached <input type="checkbox"/>

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	15	10+3/4	J55	40.5	0	703	350	703	0	VISU
1ST	9	7	J55N80	23	0	6300	625	6300	0	CALC
OPEN HOLE	7				6300	6655				

Bradenhead Pressure Action Threshold 211 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 1966

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	
FRONTIER	3,330	3,594	NO	NO	
MOWRY	3,594	3,678	NO	NO	
DAKOTA	3,678	3,773	NO	NO	
MORRISON	3,773	4,490	NO	NO	
CURTIS	4,490	4,592	NO	NO	
ENTRADA	4,592	4,733	NO	NO	
CARMEL	4,733	4,790	NO	NO	
NAVAJO	4,790	5,420	NO	NO	
CHINLE	5,420	5,531	NO	NO	
SHINARUMP	5,531	5,613	NO	NO	
MOENKOPI	5,613	6,284	NO	NO	
WEBER	6,284	6,655	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: 4/7/2025 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>			
404155551	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	Added Oil Well Classification to align with the Scout Card and Form 7 Production Reporting Corrected Surface Casing Hole size from 16" to 15" to align with Form 5, Doc #583576 Form 4, Doc #404157009, WBD Doc #404157014 Form 5, Doc #583576 provided TD date added to this Form Form 5, Doc #583574, provide open hole size added to this Form Engineering review complete and passed	09/12/2025
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)" Added 0 to Fluid Volumes Used in Drilling Operations	09/12/2025

Total: 2 comment(s)