

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400340892

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10339

4. Contact Name: David Segobia

2. Name of Operator: GULFPORT ENERGY CORPORATION

Phone: (405) 242-4977

3. Address: 14313 N. MAY AVENUE - SUITE 100

Fax: (405) 848-8816

City: OKLAHOMA CITY State: OK Zip: 73134

5. API Number 05-081-07747-00

6. County: MOFFAT

7. Well Name: Ridgeview

Well Number: 32-16-1

8. Location: QtrQtr: NESW Section: 16 Township: 6N Range: 91W Meridian: 6

Footage at surface: Distance: 2106 feet Direction: FSL Distance: 2288 feet Direction: FWL

As Drilled Latitude: 40.476010 As Drilled Longitude: -107.610770

## GPS Data:

Data of Measurement: 11/08/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: B Powers

\*\* If directional footage at Top of Prod. Zone Dist.: 3203 feet. Direction: FSL Dist.: 3277 feet. Direction: FWL

Sec: 16 Twp: 6N Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 4277 feet. Direction: FSL Dist.: 4379 feet. Direction: FWL

Sec: 16 Twp: 6n Rng: 91w

9. Field Name: CRAIG

10. Field Number: 13500

11. Federal, Indian or State Lease Number: 2076.12

12. Spud Date: (when the 1st bit hit the dirt) 09/07/2012 13. Date TD: 09/28/2012 14. Date Casing Set or D&amp;A: 10/01/2012

## 15. Well Classification:

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

16. Total Depth MD 8912 TVD\*\* 7279 17 Plug Back Total Depth MD 0 TVD\*\* 0

18. Elevations GR 6224 KB 6241

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

density neutron, induction

## 20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	16	16		0	65	0	0	0	CALC
SURF	12+1/4	9+5/8	36	0	883	305	0	883	CALC
1ST	8+3/4	7	23	0	7,118	575	1,500	7,118	CALC
1ST LINER	6+1/8	4+1/2	11.6	7097	8,912	0	0	0	CALC

### 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:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,707	8,812	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I COULD NOT OVERCOME THE ERROR MESSAGE

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: David Segobia

Title: Sr. Engineering Tech Date: \_\_\_\_\_ Email: dsegobia@gulfportenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<b><u>Attachment Checklist</u></b>		
400342301	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>		
400399045	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399050	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399093	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399102	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399252	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399253	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399255	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399256	PDF-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399257	PDF-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399259	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400399282	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)