

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:
400874117

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

OGCC Operator Number: 10433 Contact Name: MEL LACKIE
 Name of Operator: PICEANCE ENERGY LLC Phone: (303) 339-4400
 Address: 1512 LARIMER STREET #1000 Fax: (303) 339-4399
 City: DENVER State: CO Zip: 80202

API Number 05-077-09763-00 County: MESA
 Well Name: Gunderson Well Number: 29-09M
 Location: QtrQtr: SENE Section: 29 Township: 9S Range: 93W Meridian: 6
 Footage at surface: Distance: 2406 feet Direction: FNL Distance: 1239 feet Direction: FEL
 As Drilled Latitude: 39.248808 As Drilled Longitude: -107.788150

GPS Data:
 Date of Measurement: 07/25/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: ERIC PURCELL

** If directional footage at Top of Prod. Zone Dist.: 2188 feet. Direction: FNL Dist.: 2629 feet. Direction: FEL
 Sec: 29 Twp: 9S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 2188 feet. Direction: FNL Dist.: 2629 feet. Direction: FEL
 Sec: 29 Twp: 9S Rng: 93W

Field Name: BUZZARD CREEK Field Number: 9500
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/16/2015 Date TD: 06/20/2015 Date Casing Set or D&A: 06/20/2015
 Rig Release Date: 06/20/2015 Per Rule 308A.b.

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

Total Depth MD 7944 TVD** 7744 Plug Back Total Depth MD 7843 TVD** 7644

Elevations GR 7531 KB 7553 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MUD (PASON), PULSED NEUTRON, CBL

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42	0	82	27	0	82	CALC
SURF	12+1/4	8+5/8	24	0	1,567	306	0	1,567	CALC
1ST	7+7/8	4+1/2	11.6	0	7,934	1,329	1,000	7,934	CBL

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 COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	4,682				
CAMEO	7,031				
ROLLINS	7,695				

Comment:

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

Signed: _____

Print Name: MEL LACKIE

Title: ENGINEERING TECHNICIAN

Date: _____

Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400875703	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400889956	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400874133	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400875652	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400875655	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400875659	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400889942	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400889945	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400889947	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400889955	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)