

**FORM
5**Rev
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:

400362951

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: 10373

4. Contact Name: CLAYTON DOKE

2. Name of Operator: HIGH SIERRA WATER SERVICES LLC

Phone: (970) 669-7411

3. Address: 3773 CHERRY CRK NORTH DR #1000

Fax: (970) 669-4077

City: DENVER State: CO Zip: 80209

5. API Number 05-123-35841-00

6. County: WELD

7. Well Name: SWD

Well Number: C4A

8. Location: QtrQtr: SWSE Section: 26 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 1040 feet Direction: FSL Distance: 1924 feet Direction: FEL

As Drilled Latitude: 40.452490 As Drilled Longitude: -104.627670

GPS Data:

Date of Measurement: 01/30/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: ADAM KELLY

** If directional footage at Top of Prod. Zone Dist.: 1156 feet. Direction: FNL Dist.: 1437 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1265 feet. Direction: FNL Dist.: 1489 feet. Direction: FEL

Sec: 35 Twp: 6N Rng: 65W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/15/2012 13. Date TD: 12/11/2012 14. Date Casing Set or D&A: 12/15/2012

15. Well Classification:

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

16. Total Depth MD 10818 TVD** 10474 17 Plug Back Total Depth MD 10818 TVD** 10474

18. Elevations GR 4682 KB 4705

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, Mud Log, CBL

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
SURF	13+1/2	9+5/8	36	0	481	190	0	481	VISU
1ST	8+3/4	7	26	0	9,056	210	7,461	9,056	CBL
1ST LINER	6+1/8	4+1/2	11.6	8912	10,716				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	7,461	620	0	7,461

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	
PARKMAN	3,718		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,456		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,904		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,234		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	9,050		<input type="checkbox"/>	<input type="checkbox"/>	
LOWER SATANKA	9,150		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	9,410		<input type="checkbox"/>	<input type="checkbox"/>	
AMAZON	9,535		<input type="checkbox"/>	<input type="checkbox"/>	
COUNCIL GROVE	9,594		<input type="checkbox"/>	<input type="checkbox"/>	
Admire	9,680		<input type="checkbox"/>	<input type="checkbox"/>	
VIRGIL	9,853		<input type="checkbox"/>	<input type="checkbox"/>	
MISSOURI	9,952		<input type="checkbox"/>	<input type="checkbox"/>	
FOUNTAIN	10,000		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____

Print Name: CLAYTON DOKE

Title: CONSULTANT

Date: _____

Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400374091	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400374085	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"/>
<u>Other Attachments</u>			
400362953	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400362974	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400362975	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400374084	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400374236	PDF-MUD	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)