

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



Document Number:

400863719

Date Received:

07/06/2015

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 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

OGCC Operator Number: 10312 Contact Name: Mary Griggs  
Name of Operator: PROSPECT ENERGY LLC Phone: (303) 912-8292  
Address: 500 DALLAS STREET SUITE 1800 Fax:  
City: HOUSTON State: TX Zip: 77002

API Number 05-069-06317-00 County: LARIMER  
Well Name: MSSU Well Number: 31-2  
Location: QtrQtr: SWSE Section: 30 Township: 8N Range: 68W Meridian: 6  
Footage at surface: Distance: 231 feet Direction: FSL Distance: 2464 feet Direction: FEL  
As Drilled Latitude: 40.625506 As Drilled Longitude: -105.047740

GPS Data:  
Date of Measurement: 09/23/2010 PDOP Reading: 2.6 GPS Instrument Operator's Name: D Metzler

\*\* If directional footage at Top of Prod. Zone Dist.: 913 feet Direction: FNL Dist.: 1882 feet. Direction: FEL  
Sec: 30 Twp: 8n Rng: 68w

\*\* If directional footage at Bottom Hole Dist.: 953 feet Direction: FNL Dist.: 1848 feet. Direction: FEL  
Sec: 30 Twp: 8n Rng: 68w

Field Name: FORT COLLINS Field Number: 25100  
Federal, Indian or State Lease Number: FEE

Spud Date: (when the 1st bit hit the dirt) 06/14/1992 Date TD: 06/30/1992 Date Casing Set or D&A: 09/05/1992  
Rig Release Date: 09/05/1992 Per Rule 308A.b.

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

Total Depth MD 5241 TVD\*\* 4951 Plug Back Total Depth MD 5190 TVD\*\* 4906

Elevations GR 5065 KB 5077 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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
SURF	13+1/4	9+5/8	36	0	505	410	0	505	VISU
1ST	8+3/4	5+1/2	15.5	0	5,241	400	3,620	5,241	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/06/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,210	151	628	1,210

Details of work:

See attached report.  
 A cement squeeze was performed due to a failed MIT. Holes were in the casing from 1197 ft to 1210 ft. 151 bbls of Neat Class G cement were pumped below the cement retainer at 1097 ft.

### 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	
SHANNON	1,356				
NIOBRARA	4,121				
FORT HAYS	4,493				
CODELL	4,521				
BENTONITE	4,854				
MUDDY J	5,122				

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: Mary C Griggs

Title: Reg Manager (Contractor) Date: 7/6/2015 Email: mary.griggs@memorilrd.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400863746	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400863719	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400863766	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)