

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400112108

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: 10334 4. Contact Name: CLAYTON DOKE
2. Name of Operator: SLAWSON EXPLORATION COMPANY INC Phone: (970) 669-7411
3. Address: 1675 BROADWAY - SUITE 1600 Fax: (970) 669-4077
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32505-00 6. County: WELD
7. Well Name: Birds of Prey Well Number: 36-10-61
8. Location: QtrQtr: SESE Section: 36 Township: 10N Range: 61W Meridian: 6
Footage at surface: Distance: 1173 feet Direction: FSL Distance: 600 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WILDCAT 10. Field Number: 9999911. Federal, Indian or State Lease Number: 8688.512. Spud Date: (when the 1st bit hit the dirt) 11/07/2010 13. Date TD: 11/08/2010 14. Date Casing Set or D&A: 11/10/2010

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 915 TVD _____ 17 Plug Back Total Depth MD 915 TVD _____18. Elevations GR 5077 KB 5077

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:

NO ELECTRIC LOGS RUN.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	13+1/2	9+5/8	36	848	420	180	848	

ADDITIONAL CEMENT

Cement work date: 11/17/2010

Details of work:

11/17/2010: SURFACE CASING TOP JOB. BOC(CALC.)=180', TOC(OBS. VIS.)=SURF.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		98	0	180

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Per rule 308A, this preliminary form 5 serves to provide notice of suspended drilling at this site. Drilling activity was suspended on 11/10/10 due to rig availability. Work is expected to recommence in Q2 of 2011 with a rig that will drill from the surface casing shoe to a planned TD of 10,261'.

All measurements are from ground level.

Please contact Clay Duke at 970-669-7411 with any questions.

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

Signed: _____ Print Name: ANDY PETERSON

Title: CONSULTANT

Date:

Email: ANDY.PETERSON@PETERSONENERGY.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400114130	CEMENT JOB SUMMARY
400114131	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)