

FORM
5Rev
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:

400123036

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: 68710 4. Contact Name: CLAYTON DOKE
2. Name of Operator: PETERSON ENERGY OPERATING INC Phone: (970) 669-7411
3. Address: 2154 W EISENHOWER BLVD Fax: (970) 669-4077
City: LOVELAND State: CO Zip: 80537

5. API Number 05-075-09382-00 6. County: LOGAN
7. Well Name: STATE Well Number: 1-36
8. Location: QtrQtr: SENW Section: 36 Township: 12N Range: 52W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1320 feet Direction: FWL
As Drilled Latitude: 40.973130 As Drilled Longitude: -103.129380

GPS Data:

Data of Measurement: 01/22/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: AARON LUND

** 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: 99999
11. Federal, Indian or State Lease Number: 9580.5

12. Spud Date: (when the 1st bit hit the dirt) 11/23/2010 13. Date TD: 12/09/2010 14. Date Casing Set or D&A: 12/11/2010

15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7590 TVD _____ 17 Plug Back Total Depth MD 7590 TVD _____18. Elevations GR 4438 KB 4450

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:

GR, FDC, CNL, DIL, SPL

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	12+1/4	8+5/8	24	0	948	357	0	357	VISU

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,260		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	4,490		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,035		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,130		<input type="checkbox"/>	<input type="checkbox"/>	
WOLFCAMP	6,088		<input type="checkbox"/>	<input type="checkbox"/>	
AMAZON	6,198		<input type="checkbox"/>	<input type="checkbox"/>	
VIRGIL	6,740		<input type="checkbox"/>	<input type="checkbox"/>	
MISSOURI	6,960		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,126		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,448		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,528		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 6, Well Abandonment, is forthcoming and will be submitted via standard mail.

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: ENGINEER

Date: _____

Email: clay.doke@gmail.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
400123067	LAS-POROSITY
400123070	LAS-TRIPLE COMBINATION
400123175	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)