

FORM
5
Rev
02/08

State 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

DRILLING COMPLETION REPORT

Document Number:

2610670

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: 10083 4. Contact Name: BRIAN DOLAN
2. Name of Operator: _____ Phone: (724) 772-8600
3. Address: _____ Fax: (724) 772-8008
City: _____ State: PA Zip: 15086

5. API Number 05-081-07595-00 6. County: MOFFAT
7. Well Name: CASTOR GULCH UNIT Well Number: 1
8. Location: QtrQtr: LOT 2 Section: 21 Township: 5N Range: 91W Meridian: 6
Footage at surface: Distance: 599 feet Direction: FNL Distance: 1321 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: 99999
11. Federal, Indian or State Lease Number: COC 069715

12. Spud Date: (when the 1st bit hit the dirt) 09/18/2009 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5564 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 6428 KB 6439

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:

INDUCTION, DIPMETER

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	9+5/8		0	543	230	0	543	CALC
1ST	8+3/4	7		0	4,193	70	2,773	4,193	CALC

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

Comment:

REFER TO DOCUMENT 2610670 FOR ATTACHMENTS.

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

Signed: Y _____ Print Name: V. BRIAN DOLAN _____

Title: OPERATIONS MANAGER _____ Date: 2/23/2010 _____ Email: BDOLAN@EASTRESOURCESINC.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: *David S. Nashin* Director of COGCC Date: 2/10/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)