

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: 2591064
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>69805</u>		4. Contact Name: <u>MIKE CLARK</u>	
2. Name of Operator: <u>PETROX RESOURCES INC</u>		Phone: <u>(970) 878-5594</u>	
3. Address: <u>P O BOX 2600</u>		Fax: <u>(970) 878-4489</u>	
City: <u>MEEKER</u>	State: <u>CO</u>	Zip: <u>81641</u>	
5. API Number <u>05-007-06277-00</u>		6. County: <u>ARCHULETA</u>	
7. Well Name: <u>WRIGHT 33-5</u>		Well Number: <u>16-1</u>	
8. Location: QtrQtr: <u>SESW</u> Section: <u>16</u> Township: <u>33N</u> Range: <u>5W</u> Meridian: <u>N</u>			
Footage at surface: Distance: <u>605</u> feet Direction: <u>FSL</u> Distance: <u>2362</u> feet Direction: <u>FWL</u>			
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 Dist.: <u>801</u> feet. Direction: <u>FSL</u> Dist.: <u>3151</u> feet. Direction: <u>FEL</u>			
Sec: <u>16</u> Twp: <u>33N</u> Rng: <u>5W</u>			
** If directional footage at Bottom Hole Dist.: <u>1743</u> feet. Direction: <u>FSL</u> Dist.: <u>116</u> feet. Direction: <u>FEL</u>			
Sec: <u>16</u> Twp: <u>33N</u> Rng: <u>5W</u>			
9. Field Name: <u>IGNACIO BLANCO</u>		10. Field Number: <u>38300</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>12/16/2009</u> 13. Date TD: <u>01/06/2010</u> 14. Date Casing Set or D&A: <u>01/08/2010</u>			
15. Well Classification:			
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>5505</u> TVD** <u>2710</u>		17 Plug Back Total Depth MD <u>5505</u> TVD** <u>2710</u>	
18. Elevations GR <u>6219</u> KB <u>6231</u>		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:			
<u>CBL</u>			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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+3/4		0	426	240		426	CALC
1ST	8+39/50	7		0	2,453	450		2,453	CBL
1ST LINER	6+1/4	4+1/2	2337	505					

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	
KIRTLAND	1,970		<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	2,672		<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: MICHAEL J CLARK

Title: PRESIDENT Date: 8/16/2010 Email: MIKE.PETROXCBM@GMAIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2591066	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591065	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2591064	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2591067	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Submitted PDF CBL doc# 700078838, vendor did not provide D./S Profile per MC@petrox	3/29/2011 7:26:51 AM
Permit	req D/S profile, hard & digital copy CBL and As Drilled GPS	3/23/2011 8:54:28 AM

Total: 2 comment(s)