

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



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Document Number:
400099445

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 05-123-32006-00 6. County: WELD
 7. Well Name: OUTLAW Well Number: 16-11-66
 8. Location: QtrQtr: SE SE Section: 16 Township: 11N Range: 66W Meridian: 6
 Footage at surface: Distance: 605 feet Direction: FSL Distance: 605 feet Direction: FEL
 As Drilled Latitude: 40.915490 As Drilled Longitude: -104.774300

GPS Data:

Data of Measurement: 10/15/2010 PDOP Reading: 3.4 GPS Instrument Operator's Name: BRIAN BRINKMAN

** If directional footage at Top of Prod. Zone Dist.: 1035 feet. Direction: FNL Dist.: 1075 feet. Direction: FEL
Sec: 16 Twp: 11N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1023 feet. Direction: FNL Dist.: 1008 feet. Direction: FWL
Sec: 16 Twp: 11N Rng: 66W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 8735.5

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2010 13. Date TD: 09/19/2010 14. Date Casing Set or D&A: 09/21/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 13394 TVD** 8545 17 Plug Back Total Depth MD 12487 TVD** 8548

18. Elevations GR 5372 KB 5389

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, CBL

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	13+1/2	9+5/8	36	0	2,045	885	0	2,045	VISU
1ST	8+5/8	7	29	0	8,865	190	7,092	8,865	CBL
1ST LINER	6	4+1/2	13.5	7763	12,497				

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	8,512		<input type="checkbox"/>	<input type="checkbox"/>	Top derived from Cuttings. No openhole logs were run.

Comment:

No openhole electrical logs were run. All measurements are from KB (a depth of 0' designates surface).

Form 5a (Doc #:) as listed in the related forms section is forthcoming, is currently in DRAFT status, and will be submitted as soon as the appropriate data is acquired.

Should you have any questions please contact Clayton Doke A 970-669-7411.

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: 1/17/2011 Email: andy.peterson@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400114980	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400103975	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400099445	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400117720	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CBL DOC#1908034	1/21/2011 1:16:46 PM
Permit	req hard copy CBL	1/19/2011 8:19:46 AM

Total: 2 comment(s)