


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  400112106	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 type="checkbox"/> Final completion <input checked="" type="checkbox"/> 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    05-123-31937-00		6. County:    WELD					
7. Well Name:    Riva Ridge		Well Number:    30-12-66					
8. Location:    QtrQtr:    SESE    Section:    30    Township:    12N    Range:    66W    Meridian:    6							
Footage at surface:    Distance:    605    feet    Direction:    FSL    Distance:    605    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		Dist.:    feet. Direction:					
Sec:		Twp:    Rng:					
** If directional footage at Bottom Hole		Dist.:    feet. Direction:					
Sec:		Twp:    Rng:					
9. Field Name:    WILDCAT		10. Field Number:    99999					
11. Federal, Indian or State Lease Number:    8763.5							
12. Spud Date: (when the 1st bit hit the dirt)    10/25/2010    13. Date TD:    11/05/2010    14. Date Casing Set or D&A:    11/06/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input 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    2470    TVD**		17 Plug Back Total Depth    MD    2470    TVD**					
18. Elevations    GR    6106    KB    6106		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 AS OF THIS TIME.							
20. Casing, Liner and Cement:							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

<u>CASING</u>									
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	2,446	960	0	2,446	VISU
<u>ADDITIONAL CEMENT</u>									
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:

<u>FORMATION LOG INTERVALS AND TEST ZONES</u>					
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 11/06/10 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 13,111'.

All measurements are from ground level.

Please contact Clay Doke 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: 12/6/2010

Email: ANDY.PETERSON@PETERSONENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400114104	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400112106	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet, 05/05/11.	5/5/2011 11:18:13 AM

Total: 1 comment(s)