

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:

400161764

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: 22755 4. Contact Name: Rhonda White
2. Name of Operator: DAVIS, LLC* EDWARD MIKE Phone: (970) 867-4736
3. Address: 730 17TH ST STE 450 Fax: (970) 867-3714
City: DENVER State: CO Zip: 80202

5. API Number 05-121-10999-00 6. County: WASHINGTON
7. Well Name: Hickert Well Number: 32-34
8. Location: QtrQtr: SWNE Section: 34 Township: 2S Range: 49W Meridian: 6
Footage at surface: Distance: 1905 feet Direction: FNL Distance: 1938 feet Direction: FEL
As Drilled Latitude: 39.839540 As Drilled Longitude: -102.845600

GPS Data:

Data of Measurement: 09/02/2010 PDOP Reading: 2.6 GPS Instrument Operator's Name: Neal McCormick

** 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: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/03/2011 13. Date TD: 03/08/2011 14. Date Casing Set or D&A: 03/11/2011

15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

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

18. Elevations GR 4378 KB 4390

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:

Platform Express Cement Volume Caliper
Platform Express Array Induction with Linear Correlation
Platform Express Compensated Neutron Density Lithology
Platform Express Triple Combo with Linear Induction

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	594	434	0	594	VISU

ADDITIONAL CEMENT

Cement work date: 03/11/2011

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			<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: Rhonda White

Title: Administrator Date: _____ Email: rwhite@qwestoffice.net

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
400162294	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)