

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



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Document Number:

400164485

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) 87-3714
City: DENVER State: CO Zip: 80202

5. API Number 05-121-10998-00 6. County: WASHINGTON
7. Well Name: King-State Well Number: 32-36
8. Location: QtrQtr: SWNE Section: 36 Township: 3S Range: 50W Meridian: 6
Footage at surface: Distance: 2438 feet Direction: FNL Distance: 1554 feet Direction: FEL
As Drilled Latitude: 39.750136 As Drilled Longitude: -102.921562

GPS Data:

Data of Measurement: 11/03/2010 PDOP Reading: 2.5 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) 11/10/2010 13. Date TD: 11/17/2010 14. Date Casing Set or D&A: 11/18/2010

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3930 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____18. Elevations GR 4496 KB 4508

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:

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	475	192	0	475	VISU

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	2,720		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	3,186		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	3,256		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	3,384		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	3,571		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	3,654		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	3,710		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	3,900		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I sent logs hard copy. I could not open any of the logs that Schlumberger sent to me electronic so I could not attach them.

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

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)