

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

Document Number:
400151849

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: 3250
2. Name of Operator: ANTELOPE ENERGY COMPANY LLC
3. Address: P O BOX 577
City: KIMBALL State: NE Zip: 69145
4. Contact Name: Jodi Keeler
Phone: (308) 235-4661
Fax: (308) 235-4550

5. API Number 05-123-32487-00
6. County: WELD
7. Well Name: State Well Number: 7-61-16
8. Location: QtrQtr: SESE Section: 16 Township: 7N Range: 61W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.569360 As Drilled Longitude: -104.205670

GPS Data:
Data of Measurement: 09/02/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: Darren Veal

** 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: 8425.5

12. Spud Date: (when the 1st bit hit the dirt) 12/03/2010 13. Date TD: 12/10/2010 14. Date Casing Set or D&A: 12/11/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7180 TVD 17 Plug Back Total Depth MD 6713 TVD

18. Elevations GR 4905 KB 4917
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:
Dual Induction, Compensated Density, Compensated Neutron, Cement Bond Log

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	9+5/8	36	0	612	339	0	620	CALC
1ST	8+3/4	7	23	0	6,699	175	5,200	6,704	CBL

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	6,285		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,545		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,570		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	6,875		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	6,978		<input type="checkbox"/>	<input type="checkbox"/>	
HUNTSMAN	7,010		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,047		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No completion attempt has been made.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jodi Keeler

Title: Production Manager Date: _____ Email: jodik@antelope-energy.com

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
400166850	PDF-COMBINATION OPEN HOLE
400166853	PDF-CEMENT BOND
400166866	PDF-MUD

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)