


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		<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: 2590697	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 25255 2. Name of Operator: DUKE GAS COMPANY LLC 3. Address: 22500 COUNTY RD 24 City: VERNON State: CO Zip: 80755		4. Contact Name: BEN CANTRALL Phone: (970) 630-0385 Fax:					
5. API Number 05-125-11919-00 7. Well Name: CANTRALL 8. Location: QtrQtr: SWNE Section: 35 Township: 1S Range: 45W Meridian: 6 Footage at surface: Distance: 2360 feet Direction: FNL Distance: 2029 feet Direction: FEL As Drilled Latitude: 39.926740 As Drilled Longitude: -102.380720		6. County: YUMA Well Number: 35-7					
GPS Data: Data of Measurement: 10/29/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: ERIC JOHNSON							
** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction: Sec: Twp: Rng: ** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction: Sec: Twp: Rng:							
9. Field Name: DUKE 11. Federal, Indian or State Lease Number:		10. Field Number: 18890					
12. Spud Date: (when the 1st bit hit the dirt) 10/05/2010 13. Date TD: 10/06/2010 14. Date Casing Set or D&A: 10/07/2010							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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 2320 TVD**		17 Plug Back Total Depth MD TVD**					
18. Elevations GR 3897 KB 3909		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: COMPENSATED DENSITY,COMPENSATED NEUTRON DUAL INDUCTION, CEMENT BOND GAMMA							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7		0	324	75	0	324	
1ST	6+1/4	4+1/2		0	2,311	80	1,374	2,312	

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	
SHARON SPRINGS	2,087	2,170	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,170		<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: BEN CANTRALL

Title: OWNER Date: 11/2/2010 Email: DCANTRALL@PLAINSTEL.COOP

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2590698	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>					
2590697	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)