

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:  
400125569

**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: 57667 4. Contact Name: CLAYTON DOKE  
2. Name of Operator: MINERAL RESOURCES, INC. Phone: (970) 669-7411  
3. Address: PO BOX 328 Fax: (970) 669-4077  
City: GREELEY State: CO Zip: 80632

5. API Number 05-123-31863-00 6. County: WELD  
7. Well Name: RE-1 X7 Well Number: 4-6-31  
8. Location: QtrQtr: NESW Section: 31 Township: 5N Range: 65W Meridian: 6  
Footage at surface: Distance: 2598 feet Direction: FSL Distance: 1729 feet Direction: FWL  
As Drilled Latitude: 40.355588 As Drilled Longitude: -104.709557

GPS Data:

Data of Measurement: 10/20/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: DAVID BERGLUND

\*\* If directional footage at Top of Prod. Zone Dist.: 1263 feet. Direction: FSL Dist.: 2442 feet. Direction: FWL  
Sec: 31 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1264 feet. Direction: FSL Dist.: 2442 feet. Direction: FWL  
Sec: 31 Twp: 5N Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 09/03/2010 13. Date TD: 09/07/2010 14. Date Casing Set or D&A: 09/08/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7515 TVD\*\* 7259 17 Plug Back Total Depth MD 7478 TVD\*\* 7222

18. Elevations GR 4659 KB 4674

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:

GR, FDC, CNL, DIL, CBL

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	481	370	0	481	VISU
1ST	7+7/8	4+1/2	11.6	0	7,499	990	460	7,499	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	7,029	7,320	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,320	7,343	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,343	7,362	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All measurements are from KB, excepting those listed as 0' (zero feet) ; this designates surface.

The Form 5a (Doc#: 400125784) listed under the related forms section remains in DRAFT and will be submitted as soon as is practicable.

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

Signed: \_\_\_\_\_ Print Name: CLAYTON DOKE

Title: ENGINEER Date: 2/16/2011 Email: clay.doke@gmail.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400128014	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400129990	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400125569	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400125778	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400125779	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)