

**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:

2591858

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: 18795

4. Contact Name: STEPHANIE CLASEN

2. Name of Operator: COLTON LIMITED LIABILITY CO

Phone: (303) 297-0347

3. Address: 621 17TH ST - SUITE 950

Fax: (303) 297-9075

City: DENVER State: CO Zip: 80293

5. API Number 05-123-30057-00

6. County: WELD

7. Well Name: DOS RIOS

Well Number: 6-34A

8. Location: QtrQtr: NWSW Section: 34 Township: 5N Range: 66W Meridian: 6

Footage at surface: Distance: 1998 feet Direction: FSL Distance: 1194 feet Direction: FWL

As Drilled Latitude: 40.354580 As Drilled Longitude: -104.770940

GPS Data:

Data of Measurement: 06/09/2010 PDOP Reading: 4.4 GPS Instrument Operator's Name: HOLLY L TRACY

** If directional footage at Top of Prod. Zone Dist.: 1818 feet. Direction: FNL Dist.: 2166 feet. Direction: FWL

Sec: 34 Twp: 5N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1818 feet. Direction: FNL Dist.: 2166 feet. Direction: FWL

Sec: 34 Twp: 5N Rng: 66W

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) 01/21/2010 13. Date TD: 03/20/2010 14. Date Casing Set or D&A: 03/20/2010

15. Well Classification:

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

16. Total Depth MD 7659 TVD** 7355 17 Plug Back Total Depth MD 7642 TVD** 7338

18. Elevations GR 4680 KB 4696

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:

DIL, CDL, CNL, CBL GR

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 | | 0 | 450 | 310 | 0 | 450 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 7,659 | 915 | 2,660 | 7,659 | 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 | |
| PARKMAN | 3,806 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,544 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,041 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,148 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,450 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,473 | | <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: STEPHANIE CLASEN

Title: OFFICE MANAGER Date: 12/14/2010 Email: SOVEREIGNENERGY@AOL.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 1638122 | 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 type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 2591858 | 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> |
|--------------------------|--|----------------------------|
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Total: 1 comment(s)