


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: <div style="text-align: center; font-size: 1.2em;">2566676</div>	DE	ET	OE	ES																
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DRILLING COMPLETION REPORT																							
<small>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.</small>																							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion																							
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GPS Data: Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____																							
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** If directional footage at Bottom Hole	Dist.: _____ feet.	Direction: _____	Dist.: _____ feet.	Direction: _____																			
Sec: _____	Twp: _____	Rng: _____																					
9. Field Name: <u>IGO CREEK</u> 10. Field Number: <u>38310</u>																							
11. Federal, Indian or State Lease Number: <u>8441.5</u>																							
12. Spud Date: (when the 1st bit hit the dirt) <u>12/03/2010</u> 13. Date TD: <u>12/13/2010</u> 14. Date Casing Set or D&A: <u>12/15/2010</u>																							
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 <u>6954</u> TVD** _____ 17 Plug Back Total Depth MD <u>6891</u> TVD** _____																							
18. Elevations GR <u>4890</u> KB <u>4905</u>																							
19. List Electric Logs Run: <u>PE TRIP COMBO, CMT VOL, CN/LITH DEN, SCBL</u>																							
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	12+1/4	9+5/8		0	578	376	0	578	CALC
1ST	7+7/8	5+1/2		0	6,944	565	2,770	6,944	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	
SHARON SPRINGS	5,815		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CORE RPT TO BE SUBMITTED UPON COMPLETION
NIOBRARA	5,858		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CORE RPT TO BE SUBMITTED UPON COMPLETION
CODELL	6,182		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CORE RPT TO BE SUBMITTED UPON COMPLETION
BENTONITE	6,542		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CORE RPT TO BE SUBMITTED UPON COMPLETION
D SAND	6,645		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CORE TO BE SUBMITTED UPON COMPLETION
J SAND	6,734		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	6,850		<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: PAULEEN TOBIN

Title: ENGINEER TECH Date: 2/28/2011 Email: POLLY@WHITING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2566677	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>					
2566676	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>
Permit	req digital logs & as drilled	6/17/2011 7:54:11 AM

Total: 1 comment(s)