

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:  
1633639

**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: 710 4. Contact Name: BARRY L. SNYDER  
2. Name of Operator: AEON ENERGY CORP Phone: (303) 922-0590  
3. Address: 7551 W ALAMEDA AVE STE 402 Fax: (303) 239-0590  
City: LAKEWOOD State: CO Zip: 80226

5. API Number 05-115-06079-00 6. County: SEDGWICK  
7. Well Name: STATE Well Number: 24-36  
8. Location: QtrQtr: SESW Section: 36 Township: 12N Range: 47W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FWL  
As Drilled Latitude: 40.970320 As Drilled Longitude: -102.549360

GPS Data:

Data of Measurement: 09/09/2008 PDOP Reading: 2.6 GPS Instrument Operator's Name: SCOTT DEMANCHE

\*\* 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: SEDGWICK DRAW 10. Field Number: 76908

11. Federal, Indian or State Lease Number: 8552.5

12. Spud Date: (when the 1st bit hit the dirt) 06/25/2010 13. Date TD: 06/28/2010 14. Date Casing Set or D&A: 06/29/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2964 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 2964 TVD\*\* \_\_\_\_\_

18. Elevations GR 3680 KB 3686

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-CND

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	9+7/8	7		0	340	158	0	340	

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	2,681		<input type="checkbox"/>	<input type="checkbox"/>	MEASURED DEPTH BOTTOM: TD

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: BARRY L. SNYDER

Title: PRESIDENT Date: 1/29/2011 Email: AEONCO@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"/>
	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>			
1633639	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	FORM 6 to plug submitted--requested digital copy of CNL from operator if available.	7/7/2011 4:12:42 PM

Total: 1 comment(s)