


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: 400161764	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: 22755		4. Contact Name: Rhonda White					
2. Name of Operator: DAVIS, LLC* EDWARD MIKE		Phone: (970) 867-4736					
3. Address: 730 17TH ST STE 450		Fax: (970) 867-3714					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-121-10999-00		6. County: WASHINGTON					
7. Well Name: Hickert		Well Number: 32-34					
8. Location: QtrQtr: SWNE Section: 34 Township: 2S Range: 49W Meridian: 6							
Footage at surface: Distance: 1905 feet Direction: FNL Distance: 1938 feet Direction: FEL							
As Drilled Latitude: 39.839540	As Drilled Longitude: -102.845600						
GPS Data:							
Data of Measurement: 09/02/2010 PDOP Reading: 2.6 GPS Instrument Operator's Name: Neal McCormick							
** 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: WILDCAT		10. Field Number: 99999					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 03/03/2011 13. Date TD: 03/08/2011 14. Date Casing Set or D&A: 03/11/2011							
15. Well Classification:							
<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Oil <input 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 3980 TVD**		17 Plug Back Total Depth MD TVD**					
18. Elevations GR 4378 KB 4390		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:							
Platform Express Cement Volume Caliper Platform Express Array Induction with Linear Correlation Platform Express Compensated Neutron Density Lithology Platform Express Triple Combo with Linear Induction							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

<u>CASING</u>									
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	594	434	0	594	VISU

ADDITIONAL CEMENT

Cement work date: 03/11/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

<u>FORMATION LOG INTERVALS AND TEST ZONES</u>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA			<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: Rhonda White

Title: Administrator Date: 5/5/2011 Email: rwhite@qwestoffice.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400162294	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>			
400161764	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)