


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;">2591872</div>	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: 100122		4. Contact Name: NEIL ALLEN					
2. Name of Operator: GUNNISON ENERGY CORPORATION		Phone: (303) 296-4222					
3. Address: 1801 BROADWAY #1200		Fax: (303) 296-4555					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-029-06109-00		6. County: DELTA					
7. Well Name: SPU COCKROFT 1294		Well Number: 23-41D					
8. Location: QtrQtr: NENE Section: 23 Township: 12S Range: 94W Meridian: 6							
Footage at surface: Distance: 1191 feet Direction: FNL Distance: 1288 feet Direction: FEL							
As Drilled Latitude: _____	As Drilled Longitude: _____						
GPS Data:							
Data of Measurement: _____	PDOP Reading: _____	GPS Instrument Operator's Name: _____					
** 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) 07/31/2010 13. Date TD: 10/04/2010 14. Date Casing Set or D&A: 10/08/2010							
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 8019 TVD** _____		17 Plug Back Total Depth MD 7986 TVD** _____					
18. Elevations GR 8536 KB 8550		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:							
MUD LOGS; ACOUSTILOG, CR-CALIPER; ZDL/CN/GR; HDIL/GR; CBL							
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
CONDUCTOR	26	20		0	58		0		CALC
SURF	17+1/2	13+3/8		0	801	583	0	801	CALC
1ST	12+1/4	9+5/8		0	3,193	325	2,839	3,193	CALC
2ND	7+7/8	7		0	7,986	337	5,514	7,986	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
		3,193	646	0	2,839
		7,986	564	0	5,514

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	
MESAVERDE	892	3,274	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	3,738	3,766	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	3,927	3,964	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,964	7,776	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,776		<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: PATTY JOHNSON

Title: DRILLING & OPERATIONS TEC Date: 12/16/2010 Email: PATTY.JOHNSON@OXBOW.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2591873	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>					
2591872	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2591874	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ AS DRILLED GPS VIA PHONE-LM	5/4/2011 9:09:50 AM

Total: 1 comment(s)