

**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:

2537019

**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: 10226

4. Contact Name: \_\_\_\_\_

2. Name of Operator: EDEN ENERGY COLORADO LLC

Phone: (303) 623-1440

3. Address: 518 17TH ST STE 1000

Fax: (303) 571-4304

City: DENVER State: CO Zip: 80202

5. API Number 05-103-10226-00

6. County: RIO BLANCO

7. Well Name: ANT HILL UNIT

Well Number: 21-22

8. Location: QtrQtr: SENW Section: 21 Township: 2N Range: 96W Meridian: 6

Footage at surface: Distance: 2195 feet Direction: FNL Distance: 2287 feet Direction: FWL

As Drilled Latitude: 40.128710 As Drilled Longitude: -108.171206

## GPS Data:

Data of Measurement: 11/19/2008 PDOP Reading: 5.4 GPS Instrument Operator's Name: MARK HECKSEL

\*\* 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: WHITE RIVER

10. Field Number: 92800

11. Federal, Indian or State Lease Number: COC127221

12. Spud Date: (when the 1st bit hit the dirt) 07/11/2008 13. Date TD: 07/23/2008 14. Date Casing Set or D&amp;A: 07/25/2008

## 15. Well Classification:

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

16. Total Depth MD 7585 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7521 TVD\*\* \_\_\_\_\_

18. Elevations GR 6033 KB 6053

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:

TRIPLE COMBO, BOREHOLE PROFILE/ GR AND CBL

## 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
CONDUCTOR	20	16		0	40				CALC
SURF	12+1/4	8+5/8		0	1,096	305	0	1,096	CALC
1ST	7+7/8	4+1/2		0	7,585	1,320	1,300	7,575	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	
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	NDE FOR ROLLINS
WASATCH	0	3,371	<input type="checkbox"/>	<input type="checkbox"/>	ORIGINALLY SUBMITTED OCT 22, 2008
OHIO CREEK	3,371	4,288	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,288	7,391	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,391		<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: YPrint Name: LARRY B. KELLISONTitle: COODate: 10/22/2008Email: LKELLISON@EDENENERGYCORP.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>					
2537020	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	NOTE ON FORM 5 IMAGE STATES FORM ORIGINALLY SUBMITTED 10/12/08 - DOES NOT NEED CMT TKTS	8/8/2011 11:47:37 AM

Total: 1 comment(s)