

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



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Document Number:

400167725

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: 3250 4. Contact Name: Jodi Keeler
 2. Name of Operator: ANTELOPE ENERGY COMPANY LLC Phone: (308) 235-4661
 3. Address: P O BOX 577 Fax: (308) 235-4550
 City: KIMBALL State: NE Zip: 69145

5. API Number 05-123-32486-00 6. County: WELD
 7. Well Name: State Well Number: 7-62-36
 8. Location: QtrQtr: NWNW Section: 36 Township: 7N Range: 62W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date 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: 8430.5

12. Spud Date: (when the 1st bit hit the dirt) 12/13/2010 13. Date TD: 12/18/2010 14. Date Casing Set or D&A: 12/20/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6737 TVD** _____ 17 Plug Back Total Depth MD 6708 TVD** _____

18. Elevations GR 4780 KB 4792 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:
Dual Induction, Compensated Density, Compensated Neutron, Sonic, Cement Bond Log

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	12+1/4	9+5/8	36	0	512	300	0	514	CALC
1ST	8+3/4	7+0/0	23	0	6,734	175	5,082	6,735	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	
PARKMAN	3,395		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,322		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,552		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,598		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No completion attempt has been made in this wellbore.

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

Signed: _____ Print Name: Jodi Keeler

Title: Production Manager Date: 5/23/2011 Email: jodik@antelope-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2072502	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
400167897	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400167725	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400167785	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400167790	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC CMT TKTS	7/25/2011 8:04:43 AM
Permit	req cmt tkts, as drilled gps	7/20/2011 8:47:04 AM

Total: 2 comment(s)