

**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:

1634698

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: 10335

4. Contact Name: CINDY TURNER

2. Name of Operator: AXIA ENERGY LLC

Phone: (720) 746-5209

3. Address: 1430 LARIMER STREET #400

Fax: (720) 756-5201

City: DENVER State: CO Zip: 80202

5. API Number 05-077-10124-00

6. County: MESA

7. Well Name: Kimball Creek

Well Number: 14-406D-995

8. Location: QtrQtr: SENE Section: 14 Township: 9S Range: 95W Meridian: 6

Footage at surface: Distance: 1686 feet Direction: FNL Distance: 347 feet Direction: FEL

As Drilled Latitude: 39.279429 As Drilled Longitude: -107.953118

GPS Data:

Date of Measurement: 03/08/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: GEORGE BAUER

** If directional footage at Top of Prod. Zone Dist.: 1808 feet. Direction: FNL Dist.: 591 feet. Direction: FEL

Sec: 14 Twp: 9S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1859 feet. Direction: FNL Dist.: 601 feet. Direction: FEL

Sec: 14 Twp: 9S Rng: 95W

9. Field Name: BUZZARD

10. Field Number: 9495

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/10/2011 13. Date TD: 01/18/2011 14. Date Casing Set or D&A: 01/20/2011

15. Well Classification:

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

16. Total Depth MD 7320 TVD** 7308 17 Plug Back Total Depth MD 7253 TVD** 7242

18. Elevations GR 6871 KB 6896

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:

RADIAL CEMENT BOND LOG, RESERVOIR MONITOR TOOL ELITE, SD-DSN-ACTR, TRIPLE COMBO, MUD 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
CONDUCTOR	26	16		0	160	23	0	160	CALC
SURF	12+1/4	8+5/8		0	1,957	943	0	1,957	CALC
1ST	7+7/8	4+1/2		0	7,298	490	2,850	7,298	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	
MESAVERDE	3,337		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,735		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	5,975		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,271		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,634		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,813		<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: CINDY TURNER

Title: PROJECT MANAGER Date: 3/9/2011 Email: CTURNER@AXIAENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1634700	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1698675	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
1634698	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
1634701	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Directional Survey incomplete - profiles missing. NKP	7/27/2011 3:16:29 PM
Data Entry	UNRECOGNIZED FORMATION NAMES W/MEASURED DEPTHS: TOP OF GAS 5236 BASE CORCORAN 7005 TD BOTTOM=7320	4/20/2011 2:32:08 PM

Total: 2 comment(s)