

FORM
5Rev
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:

400125568

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: 57667

4. Contact Name: CLAYTON DOKE

2. Name of Operator: MINERAL RESOURCES, INC.

Phone: (970) 669-7411

3. Address: PO BOX 328

Fax: (970) 669-4077

City: GREELEY State: CO Zip: 80632

5. API Number 05-123-31746-00

6. County: WELD

7. Well Name: JOZ A

Well Number: 5-7-32

8. Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 666 feet Direction: FSL Distance: 1847 feet Direction: FEL

As Drilled Latitude: 40.438490 As Drilled Longitude: -104.684338

GPS Data:

Data of Measurement: 10/20/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: DAVID BERGLUND

** 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: GREELEY

10. Field Number: 32760

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/11/2010 13. Date TD: 09/15/2010 14. Date Casing Set or D&A: 09/15/2010

15. Well Classification:

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

16. Total Depth MD 7208 TVD** 17 Plug Back Total Depth MD 7184 TVD**

18. Elevations GR 4641 KB 4656

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:

GR, FDC, CNL, DIL, 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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 481 | 400 | 214 | 481 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,199 | 980 | 616 | 7,199 | CBL |

ADDITIONAL CEMENT

Cement work date: 09/12/2010

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | SURF | | 150 | 0 | 214 |

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 | |
| NIOBRARA | 6,744 | 7,020 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,020 | 7,049 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,049 | 7,067 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

All measurements are from K.B excepting a depth of 0' (zero feet) designates surface.

The Form 5A (Doc#: 400125787) listed under "related forms" remains in DRAFT and will be submitted as soon as the appropriate data is acquired.

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

Signed: _____ Print Name: CLAYTON DOKE

Title: ENGINEER

Date: 2/16/2011

Email: cdoke@petersonenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400127967 | 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"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400125568 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400125631 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400127964 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--|---------------------|
| Permit | REC'D PAPER LOGS DI/CD/CN 2202925 CBL 2202924 IN SCANNING. | 3/6/2011 2:45:35 PM |
| Permit | Missing hard copy logs | 3/2/2011 1:57:52 PM |

Total: 2 comment(s)