

DRILLING COMPLETION REPORT

Document Number:

400219585

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: 10323 4. Contact Name: TIM HOPKINS
 2. Name of Operator: ENTEK GRB LLC Phone: (303) 282-4933
 3. Address: 535 16TH STREET #620 Fax: (866) 435-9424
 City: DENVER State: CO Zip: 80202

5. API Number 05-081-07641-00 6. County: MOFFAT
 7. Well Name: Battle Mountain Federal Well Number: 14-10L
 8. Location: QtrQtr: NESE Section: 14 Township: 12N Range: 89W Meridian: 6
 Footage at surface: Distance: 1656 feet Direction: FSL Distance: 888 feet Direction: FEL
 As Drilled Latitude: 40.992305 As Drilled Longitude: -107.339849

GPS Data:
 Date of Measurement: 09/22/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: DAVID FEHRINGER

** 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: SLATER DOME 10. Field Number: 77551
 11. Federal, Indian or State Lease Number: COC69110

12. Spud Date: (when the 1st bit hit the dirt) 07/16/2011 13. Date TD: 07/29/2011 14. Date Casing Set or D&A: 08/02/2011

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

16. Total Depth MD 7500 TVD** _____ 17 Plug Back Total Depth MD 7407 TVD** _____

18. Elevations GR 6676 KB 6694 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:
Gamma Ray/Neutron/Density Porosity/Resistivity

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+0/0	16+0/0	94	0	60	25		60	VISU
SURF	12+1/4	9+5/8	36	0	805	485		805	CALC
1ST	8+3/4	7+0/0	23	0	7,470	815	505	7,407	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
TROUT CREEK	612	705	<input type="checkbox"/>	<input type="checkbox"/>	
ILES COAL	1,774		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	2,204	2,284	<input type="checkbox"/>	<input type="checkbox"/>	
DEEP CREEK SAND	2,616	2,671	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,033	6,975	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	6,975	7,220	<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	7,220	7,372	<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: Kim Rodell

Title: Permit Agent Date: _____ Email: kim@banko1.com

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)