

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:  
1938712

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: 10200  
2. Name of Operator: PETROHUNTER OPERATING COMPANY  
3. Address: 1600 STOUT STREET - SUITE 2000  
City: DENVER State: CO Zip: 80202-  
4. Contact Name: JOHN TRABANDT  
Phone: (303) 572-8900  
Fax: (720) 889-8371

5. API Number 05-045-12742-00  
6. County: GARFIELD  
7. Well Name: FURR Well Number: 10-22 D  
8. Location: QtrQtr: SWSE Section: 22 Township: 7S Range: 95W Meridian: 6  
Footage at surface: Distance: 397 feet Direction: FSL Distance: 2392 feet Direction: FEL  
As Drilled Latitude: 39.416871 As Drilled Longitude: -107.982550

GPS Data:

Data of Measurement: 07/12/2006 PDOP Reading: 3.0 GPS Instrument Operator's Name: RON RENNKE

\*\* If directional footage at Top of Prod. Zone Dist.: 1625 feet. Direction: FSL Dist.: 2292 feet. Direction: FEL  
Sec: 22 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1641 feet. Direction: FSL Dist.: 2319 feet. Direction: FEL  
Sec: 22 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/13/2007 13. Date TD: 02/25/2007 14. Date Casing Set or D&A: 03/02/2007

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8606 TVD\*\* 8451 17 Plug Back Total Depth MD 8605 TVD\*\* 8450

18. Elevations GR 7130 KB 7154

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:

RMTE, 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	80		0	80	
SURF	12+1/4	9+5/8		0	1,532	430	0	1,532	
1ST	7+7/8	4+1/4		1532	8,604	1,065	4,900	8,604	CBL

### 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	
WASATCH G	0	4,352	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	5,258	5,755	<input type="checkbox"/>	<input type="checkbox"/>	TOP GAS 6406
WILLIAMS FORK	5,755	7,959	<input type="checkbox"/>	<input type="checkbox"/>	
RICHARD	8,262		<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: Y \_\_\_\_\_ Print Name: JOHN TRABANDT \_\_\_\_\_

Title: PERMITTING COORDINATOR Date: 8/30/2007 Email: JOHN TRABANDT@COMCAST.NET

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072855	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"/>
<b>Other Attachments</b>			
2537814	SURVEY PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

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

Total: 0 comment(s)