

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400294084

Date Received:

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: 60890 4. Contact Name: Jake Flora
 2. Name of Operator: MOUNTAIN PETROLEUM CORP Phone: (720) 988-5375
 3. Address: 1801 BROADWAY STE 1250 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-017-06403-00 6. County: CHEYENNE
 7. Well Name: LAS ANIMAS MINERALS Well Number: 1-10
 8. Location: QtrQtr: NESW Section: 10 Township: 13S Range: 50W Meridian: 6
 Footage at surface: Distance: 1952 feet Direction: FSL Distance: 1900 feet Direction: FWL
 As Drilled Latitude: 38.928640 As Drilled Longitude: -102.989910

GPS Data:
 Date of Measurement: 06/27/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Keith Westfall

** 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: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/24/1983 13. Date TD: 10/08/1983 14. Date Casing Set or D&A: 12/09/1983

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

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

18. Elevations GR 4610 KB 4619 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:

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	359	245	0	359	VISU
1ST	7+7/8	5+1/2	15.5#	0	6,000	250	4,372	6,000	CBL
1ST LINER		4+1/2	10.5#	0	5,318	135	0	5,318	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST LINER	5,318	135	0	5,318

Details of work:

Special clearance 4.5" liner was run and cemented inside the existing 5.5" casing due to mutiple casing leaks at 750', 1824', 2912'.
 *Note there are certainly more leaks than this that were covered but you can only identiy 3 leaks with a single retrievable plug and test packer system. Ran 126 jts of 4.5" 10.5# casing with special clearance couplings to 5318'and cemented to surface with 135 sx class A cement. Visual confirmation of cement to surface.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Cementing ticket to follow.

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

Signed: _____ Print Name: Jake Flora

Title: Petroleum Engineer Date: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

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

Total: 0 comment(s)