

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



DE ET OE ES

Document Number:

2332027

Date Received:

04/04/2012

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: 10083
2. Name of Operator: EAST RESOURCES MANAGEMENT LLC
3. Address: 190 THORN HILL ROAD
City: WARRENDALE State: PA Zip: 15086
4. Contact Name: BRIAN DOLAN
Phone: (303) 865-5957
Fax: (303) 865-5961

5. API Number 05-081-07592-01
6. County: MOFFAT
7. Well Name: DURHAM Well Number: 7-32
8. Location: QtrQtr: NENW Section: 32 Township: 5N Range: 90W Meridian: 6
Footage at surface: Distance: 698 feet Direction: FNL Distance: 2473 feet Direction: FWL
As Drilled Latitude: 40.346970 As Drilled Longitude: -107.519210

GPS Data:

Data of Measurement: 01/25/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: will reese

** If directional footage at Top of Prod. Zone Dist.: 617 feet. Direction: FNL Dist.: 2609 feet. Direction: FEL

Sec: 32 Twp: 5N Rng: 90W

** If directional footage at Bottom Hole Dist.: 1076 feet. Direction: FNL Dist.: 1116 feet. Direction: FWL

Sec: 32 Twp: 5N Rng: 90W

9. Field Name: WADDLE CREEK 10. Field Number: 90450

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/10/2009 13. Date TD: 06/18/2010 14. Date Casing Set or D&A: 06/18/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5359 TVD** 3380 17 Plug Back Total Depth MD 5248 TVD** 3359

18. Elevations GR 6647 KB 6658

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 ROP), mud

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	9+5/8	36	0	435	190	0	435	VISU
1ST	8+3/4	7	23	0	3,041	230	345	3,341	CALC
1ST LINER	6+1/4	5	18	1973	5,359				
OPEN HOLE									

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
MORAPOS	165	2,580	<input type="checkbox"/>	<input type="checkbox"/>	CASED & CEMENTED
NIOBRARA	3,010	5,359	<input type="checkbox"/>	<input type="checkbox"/>	NIOBRARA DRILLED HORIZONTALLY UNDERBALANCED WITH 1.7 PPG AIR MIST. NO DST OR CORE

Comment:

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

Signed: _____ Print Name: V BRIAN DOLAN

Title: OPERATIONS MANAGER Date: 8/20/2010 Email: BDOLAN@EASTRESOURCESINC.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"/>
2332028	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"/>
Other Attachments			
2332027	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Emailed operator for CBL.	6/12/2012 10:54:00 AM
Engineer	Returned to Permitting, no CBL.	5/31/2012 8:47:00 AM

Total: 2 comment(s)