

FORM
5Rev
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:

2288768

Date Received:

06/25/2012

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: 44204

4. Contact Name: FRED DC. JULANDER

2. Name of Operator: JULANDER ENERGY COMPANY

Phone: (720) 240-0610

3. Address: 475 17TH STREET, SUITE 700

Fax: (303) 831-0852

City: DENVER State: CO Zip: 80202

5. API Number 05-081-07398-00

6. County: MOFFAT

7. Well Name: YELLOW CAT

Well Number: 32-4

8. Location: QtrQtr: SWNE Section: 4 Township: 10N Range: 98W Meridian: 6

Footage at surface: Distance: 1350 feet Direction: FNL Distance: 2310 feet Direction: FEL

As Drilled Latitude: 40.858890 As Drilled Longitude: -108.409242

GPS Data:

Data of Measurement: 03/20/2007 PDOP Reading: 1.3 GPS Instrument Operator's Name: ANDLY FLOYD

** 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: COC069369

12. Spud Date: (when the 1st bit hit the dirt) 09/30/2007 13. Date TD: 11/07/2007 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 2099 TVD** 2099 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6071 KB 6077

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:

NONE.

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	24	16		0	55	16	0	247	CALC
SURF	12+1/4	9+5/8		0	1,247	310	0	1,247	CALC

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	
GREEN RIVER	0	2,099	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS:

WELL WAS TEMPORARILY ABANDONED, WILL BE DEEPENED SOME 7,000' WHEN BLM CAN ISSUE LEASES FOR SALE IN THIS AREA AGAIN. SALE OF LEASES HAS BEEN DEFERRED SINCE 2007 BECAUSE OF RESOURCE MANAGEMENT PLANNING AND NOW SAGE GROUSE MANAGEMENT PLANNING. BLM HOPES TO BE ABLE TO ISSUE LEASES IN 2014.

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

Signed: _____ Print Name: FRED JULANDER

Title: PRESIDENT Date: 6/20/2012 Email: FRED.JULANDER@JULANDERENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	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"/>
<u>Other Attachments</u>					
2288768	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2288769	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
	Cement report on surface pipe requested. dhs 10/30/12	10/30/2012 8:43:28 AM

Total: 1 comment(s)