

**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:  
1432440

Date Received:  
08/28/2006

**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: 47200 4. Contact Name: JOE DYK  
 2. Name of Operator: KGH OPERATING COMPANY Phone: (970) 250-9770  
 3. Address: P O BOX 2235 Fax: (970) 858-4163  
 City: BILLINGS State: MT Zip: 59103-

5. API Number 05-103-10784-00 6. County: RIO BLANCO  
 7. Well Name: FEDERAL Well Number: 25-2  
 8. Location: QtrQtr: NWNW Section: 25 Township: 1S Range: 104W Meridian: 6  
 Footage at surface: Distance: 340 feet Direction: FNL Distance: 2214 feet Direction: FEL  
 As Drilled Latitude: 39.938517 As Drilled Longitude: -109.015564

GPS Data:  
 Date of Measurement: 02/06/2006 PDOP Reading: 2.1 GPS Instrument Operator's Name: ROBERT L. KAY

\*\* 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: GILSONITE DRAW 10. Field Number: 30100  
 11. Federal, Indian or State Lease Number: COC-066739

12. Spud Date: (when the 1st bit hit the dirt) 07/17/2006 13. Date TD: 07/21/2006 14. Date Casing Set or D&A: 07/23/2006

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

16. Total Depth MD 5160 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

18. Elevations GR 6703 KB 6714 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:  
HIGH DEFINITION INDUCTION LOG, COMPENSATED Z-DENSILOG/COMPENSATED NEUTRON LOG

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		0	491	260	0	491	
OPEN HOLE				491	5,160				

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		189	4,537	4,918
	OPEN HOLE		102	3,460	3,668
	OPEN HOLE		175	612	823

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	
SEGO	3,116		<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	3,622		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,876		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS B	4,747		<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: THOMAS M. HAUPTMAN

Title: PRESIDENT Date: 8/23/2006 Email: \_\_\_\_\_

**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"/>

**General Comments**

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

Total: 0 comment(s)