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Document Number:
400463887

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: 95620 4. Contact Name: Fabrianna Venaducci
 2. Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 2790789
 3. Address: 518 17TH ST STE 200 Fax: (303) 2791124
 City: DENVER State: CO Zip: 80202

5. API Number 05-075-09204-00 6. County: LOGAN
 7. Well Name: Propst Well Number: 1
 8. Location: QtrQtr: SWSW Section: 26 Township: 11N Range: 53W Meridian: 6
 Footage at surface: Distance: 720 feet Direction: FSL Distance: 600 feet Direction: FWL
 As Drilled Latitude: 40.893110 As Drilled Longitude: -103.264810

GPS Data:
 Date of Measurement: 07/02/2006 PDOP Reading: 1.9 GPS Instrument Operator's Name: L. ROBBINS

** 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: BONANZA-NORTH 10. Field Number: 7167
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/19/1989 13. Date TD: 11/23/1989 14. Date Casing Set or D&A: 11/16/1989

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

16. Total Depth MD 5363 TVD** _____ 17 Plug Back Total Depth MD 5320 TVD** _____

18. Elevations GR 4480 KB 4490 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:
INDUCTION, DENSITY, 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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 10+3/4 | 24 | 0 | 261 | 160 | 0 | 261 | CBL |
| 1ST | 8+5/8 | 5+1/2 | 15.5 | 5361 | 5,361 | 150 | 4,450 | 5,361 | CBL |

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 | |
| NIOBRARA | 4,315 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CARLILE | 4,684 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 4,874 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| BENTONITE | 5,042 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| D SAND | 5,136 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 5,257 | | <input checked="" 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: _____ Print Name: FABRIANNA VENADUCCI

Title: CONTRACT LANDMAN Date: _____ Email: FABRIANNA@JAMESKARO.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"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)