

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:

1967651

Date Received:

04/16/2007

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: 10132
2. Name of Operator: GENESIS GAS & OIL LLC
3. Address: 106 W 14TH ST 7TH FLR AT
City: KANSAS CITY State: KS Zip: 64105
4. Contact Name:
Phone: (816) 222-7500
Fax: (816) 222-7501

5. API Number 05-081-07154-00
6. County: MOFFAT
7. Well Name: WEST DANFORTH Well Number: 5-4-3-95
8. Location: QtrQtr: SWNW Section: 4 Township: 3N Range: 95W Meridian: 6
Footage at surface: Distance: 2044 feet Direction: FNL Distance: 747 feet Direction: FWL
As Drilled Latitude: 40.259681 As Drilled Longitude: -108.063506

GPS Data:
Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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) 12/22/2005 13. Date TD: 02/16/2006 14. Date Casing Set or D&A: 02/23/2006

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

16. Total Depth MD 8100 TVD** 8070 17 Plug Back Total Depth MD 6696 TVD**

18. Elevations GR 7399 KB 7414
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:
COMP Z DENSILOG, COMP NEUTRON, GR, CALIPER, HI DEF INDUCTION

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	524	339	0	524	
1ST	8+1/2	7		0	6,613	1,044	0	6,613	
1ST LINER	6+1/8	4+1/2		5696	6,696	0			

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	
			<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: KENNETH MORR _____

Title: AGENT _____ Date: 4/13/2007 _____ Email: K.MORR@COMCAST.NET _____

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)