

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:

2059324

Date Received:

06/04/2007

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: 36200
2. Name of Operator: GRYNBERG* JACK J
3. Address: 5299 DTC BLVD STE 500 DBA
City: GREENWOOD State: CO Zip: 80111-
4. Contact Name: KEN MCKINNEY
Phone: (303) 850-7490
Fax: (303) 850-7498

5. API Number 05-081-07314-00
6. County: MOFFAT
7. Well Name: HIAWATHA STATE Well Number: 2-36
8. Location: QtrQtr: SESW Section: 36 Township: 12N Range: 101W Meridian: 6
Footage at surface: Distance: 651 feet Direction: FNL Distance: 1992 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date 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: UNNAMED 10. Field Number: 85251
11. Federal, Indian or State Lease Number: 7868-3

12. Spud Date: (when the 1st bit hit the dirt) 10/07/2006 13. Date TD: 10/25/2006 14. Date Casing Set or D&A: 10/28/2006

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

16. Total Depth MD 6299 TVD** 17 Plug Back Total Depth MD 5201 TVD**

18. Elevations GR 6906 KB 6922
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:
DEN/NEU/GR, IND, MINILOG/GR

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	26	20		0	40	25	0	40	
SURF	12+1/4	9+5/8		0	519	190	0	519	
1ST	8+1/2	5+1/2		0	5,243	585	2,600	5,243	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	
LOWER FORT UNION	4,695	4,810	<input type="checkbox"/>	<input type="checkbox"/>	3SPF, FR 166SX SND 942 BBL XLINK H2O; 3SPF 560SX SND 1300 BBL XLINK H2O

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: KEN MCKINNEY _____

Title: PRODUCTION MGR Date: 6/1/2007 Email: K.MCKINNEY@GRYNBERG.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"/>
	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**

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Total: 0 comment(s)