

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



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Document Number:

400125567

Date Received:

02/16/2011

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: 57667

4. Contact Name: CLAYTON DOKE

2. Name of Operator: MINERAL RESOURCES, INC.

Phone: (970) 669-7411

3. Address: PO BOX 328

Fax: (970) 669-4077

City: GREELEY State: CO Zip: 80632

5. API Number 05-123-32202-00

6. County: WELD

7. Well Name: Thermo

Well Number: 5-5-32

8. Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 713 feet Direction: FSL Distance: 1846 feet Direction: FEL

As Drilled Latitude: 40.438449 As Drilled Longitude: -104.684354

GPS Data:

Data of Measurement: 10/29/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: DAVID BERGLUND

** If directional footage at Top of Prod. Zone Dist.: 1981 feet. Direction: FSL Dist.: 1935 feet. Direction: FEL

Sec: 32 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1974 feet. Direction: FSL Dist.: 1928 feet. Direction: FEL

Sec: 32 Twp: 6N Rng: 65W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/17/2010 13. Date TD: 09/21/2010 14. Date Casing Set or D&A: 09/22/2010

15. Well Classification:

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

16. Total Depth MD 7405 TVD** 7221 17 Plug Back Total Depth MD 7372 TVD** 7189

18. Elevations GR 4641 KB 4656

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:

GR, FDC, CNL, DIL, 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	8+5/8	24	0	486	440	60	486	VISU
1ST	7+7/8	4+1/2	11.6	0	7,387	1,060	616	7,387	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/18/2010					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		40	0	60
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	6,936	7,202	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,202	7,223	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,223	7,242	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All measurements are from K.B excepting a depth of 0' (zero feet) designates surface.

The Form 5A (Doc#: 400125626) listed under "related forms" remains in DRAFT and will be submitted as soon as the appropriate data is acquired.

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

Signed: _____ Print Name: CLAYTON DOKE

Title: ENGINEER

Date: 2/16/2011

Email: cdoke@petersonenergy.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>					
400125567	REVISED COPY OF DRILLING COMPLETION REPORT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	I requested a hard copy of the triple combo log from operator rep Clay Doke 970-669-7411 (PEM). He is sending it and he emailed a pdf copy to me to expedite processing of this form 5.	3/7/2011 3:42:23 PM

Total: 1 comment(s)