

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



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Document Number:
400586659

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: 10244 4. Contact Name: Anthony Sayre
 2. Name of Operator: BLACK DIAMOND MINERALS LLC Phone: (713) 4908968
 3. Address: 1301 MCKINNEY ST STE 2100 Fax: (303) 346-4893
 City: HOUSTON State: TX Zip: 77010

5. API Number 05-045-22155-00 6. County: GARFIELD
 7. Well Name: TPR Well Number: 112-16
 8. Location: QtrQtr: SWSE Section: 25 Township: 7S Range: 94W Meridian: 6
 Footage at surface: Distance: 603 feet Direction: FSL Distance: 1885 feet Direction: FEL
 As Drilled Latitude: 39.404367 As Drilled Longitude: -107.832614

GPS Data:
 Date of Measurement: 07/30/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: B. Baker

** If directional footage at Top of Prod. Zone Dist.: 748 feet. Direction: FNL Dist.: 316 feet. Direction: FWL
 Sec: 6 Twp: 8S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 792 feet. Direction: FNL Dist.: 344 feet. Direction: FWL
 Sec: 6 Twp: 8S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/15/2013 13. Date TD: 10/10/2013 14. Date Casing Set or D&A: 10/13/2013

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

16. Total Depth MD 12072 TVD** 11653 17 Plug Back Total Depth MD 11937 TVD** 11518

18. Elevations GR 9131 KB 9155 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:
No cased hole logs were run. Will run before completions take place.

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	24+0/10	18+0/10	32	0	109		0	109	VISU
SURF	14+3/4	9+5/8	36	0	2,313	1,085	0	2,313	VISU
1ST	8+3/4	7+0/0	26	0	12,027	590	0	12,027	CALC

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	
OHIO CREEK	7,490		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,990		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,670		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,885		<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: _____ Print Name: Mary C. Griggs

Title: Reg Compliance Manager Date: _____ Email: mgriggs@bdminerals.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400587198	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400587172	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400587202	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)