

FORM
5
Rev
09/14

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:
400868709

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

OGCC Operator Number: 68710 Contact Name: Andy Peterson
Name of Operator: PETERSON ENERGY OPERATING INC Phone: (970) 6697411
Address: 2154 W EISENHOWER BLVD Fax: (970) 6694077
City: LOVELAND State: CO Zip: 80537

API Number 05-087-08146-01 County: MORGAN
Well Name: WINDY HILL Well Number: 7-17S
Location: QtrQtr: NESW Section: 17 Township: 3N Range: 55W Meridian: 6
Footage at surface: Distance: 1748 feet Direction: FSL Distance: 2622 feet Direction: FWL
As Drilled Latitude: 40.223840 As Drilled Longitude: -103.556230

GPS Data:
Date of Measurement: 03/31/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: C VANMATRE

** 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: _____

Field Name: UNNAMED Field Number: 85251
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/23/2007 Date TD: 07/26/2007 Date Casing Set or D&A: 07/24/2007
Rig Release Date: 07/24/2007 Per Rule 308A.b.

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

Total Depth MD 6325 TVD** _____ Plug Back Total Depth MD 5850 TVD** _____
Elevations GR 4499 KB 4516 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
SWS 11.75" CBL, HES Density/Neutron Log, HES High Resolution Induction, HES Compensated Spectral Natural Gamma, HES Borehole Compensated Sonic Log, SWS Sonic, SWS Geomechanical Advisor

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	40	30	196	0	44	243	0	44	VISU
SURF	26	20	94	0	465	1,135	0	465	VISU
1ST	17+1/2	16	96	0	5,089	4,320	0	5,089	VISU
2ND	12+1/4	11+7/8	71.8	0	6,030	2,731	0	6,030	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/24/2007

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	2ND	418	200	0	418

Details of work:

7/24/2007: Ran 1" Pipe down 16" x 11-7/8" Annulus to 418', cemented with 200 sx, 4 bbls good cement to pit.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	4,344	4,574			
FORT HAYS	4,574	4,605			
CARLILE	4,605	4,708			
J SAND	5,108	5,310		NO	
PERMIAN	5,950			NO	

Comment:

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

Signed: _____

Print Name: Andrew S Peterson

Title: President

Date: _____

Email: andy@petersonenergyoperating.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400868805	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400868718	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868744	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868746	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868749	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868750	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400875593	PDS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400875595	LAS-SONIC	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)