



Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

DRILLING COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report). If the well has been plugged, submit Form 6 (Well Abandonment Report).

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1. OGCC Operator Number: 21680		4. Contact Name & Phone	
2. Name of Operator: Crown Petroleum, LLC		Jag Deason	
3. Address: 2128 M. Rd.		No 970-835-3694	
City: Austin	State: CO	Zip: 81410	Fax: 970-835-4092
5. API Number: 05-075-9307		6. County: Logan	
7. Well Name: Cheryl Lynn		Number: #1	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): CN 1/2 NW 1/4 Sec 21 Twp 7N Rng 53W 6TH PM			
Footage at Surface: 470' ENL 1320' FWL		9. Was a directional survey run? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
If directional, footage at Top of Prod. Zone:			
If directional, footage at Bottom Hole:			
10. Field Name: Wildcat		Field Number: 99999	
11. Federal, Indian or State lease number:			
12. Spud Date: 2-9-97		13. Date TD Reached: 2-13-97	14. Date Completed or D&A: 2-13-97
16. Total Depth: MD 4780 TVD		17. Plug Back Total Depth: MD 4780 TVD	
18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Elevations: GR KB 4096	
** A copy of all electric and mud log runs must be submitted.			
20. List Electric Logs Run: DIFL-SP-GR-COLE			

Complete the Attachment Checklist

	Oper	OGCC
Electric Logs (1 full set required)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Casing Cement Job Summaries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Directional Survey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Geologic Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mud Log	<input type="checkbox"/>	<input type="checkbox"/>
DST Report	<input type="checkbox"/>	<input type="checkbox"/>
Core Analysis	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

15. Well Classification

Dry Oil Gas Coalbed

Stratigraphic Disposal

Enhanced Recovery

Gas Storage Observation

Other:

CASING, LINER and CEMENT

21. Submit contractor's cement job summary for each string cemented.

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Cement Interval		Identify Method	
							Top	Btm	CBL	Calc
Surface 1st	12 3/4	8 5/8	24 #	SURF	310'	184 Sks	SURF	310'		X-CORE
Stage Cement										
2nd										
Stage Cement										
3rd										
Stage Cement										
1st Liner										
2nd Liner										

FORMATION LOG INTERVALS and TEST ZONES

22. *** All DST and Core analysis must be submitted to COGCC. ***

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
Niobrara	3777	4102			TIGHT NO SHOWS
"D" Sand	4592	4614			TIGHT NO SHOWS
"J" Sand	4682	4762			TIGHT NO SHOWS

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

Print Name: Stephen F. Grimas
 Signed: Stephen E. Grimas Title: Agent Date: 3-20-97