

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2554426

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: 10088 4. Contact Name: ALLEN GROSS
2. Name of Operator: PELICAN HILL OIL & GAS INC Phone: (949) 498-2101
3. Address: 1401 N EL CAMINO REAL STE 207 Fax: (949) 498-2132
City: SAN CLEMENTE State: CA Zip: 92672

5. API Number 05-017-07653-00 6. County: CHEYENNE
7. Well Name: JR Well Number: 2
8. Location: QtrQtr: NWNE Section: 4 Township: 14S Range: 44W Meridian: 6
Footage at surface: Direction: FNL Distance: 900 Direction: FEL Distance: 1980
As Drilled Latitude: 38.867624 As Drilled Longitude: -102.339957

GPS Data:

Data of Measurement: 10/25/2007 PDOP Reading: 1.9 GPS Instrument Operator's Name: BURT WEST

** If directional footage

at Top of Prod. Zone Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: CHEYENNE WELLS 10. Field Number: 11050

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/05/2007 13. Date TD: 02/15/2007 14. Date Casing Set or D&A: 02/16/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5469 TVD _____ 17 Plug Back Total Depth MD 5464 TVD _____

18. Elevations GR 4251 KB 4261

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:

NA

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8		465	300	0	465	CALC

ADDITIONAL CEMENT

Cement work date: _____

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	
SPERGEN	5,430	5,469	<input checked="" 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: ALLEN J GROSS

Title: PRESIDENT Date: 5/18/2010 Email: PHOGINC1@AOL.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin* Director of COGCC Date: 11/18/2010

Attachment Check List

Att Doc Num	Name
2071561	CEMENT JOB SUMMARY
2554426	FORM 5 SUBMITTED

Total Attach: 2 Files