

**FORM  
5**Rev  
02/08State 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

Document Number:

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**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: 10334 4. Contact Name: CLAYTON DOKE  
2. Name of Operator: SLAWSON EXPLORATION COMPANY INC Phone: (970) 669-7411  
3. Address: 1675 BROADWAY - SUITE 1600 Fax: (970) 669-4077  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32012-00 6. County: WELD  
7. Well Name: Whiskey Jack Well Number: 16-9-63  
8. Location: QtrQtr: SE SE Section: 16 Township: 9N Range: 63W Meridian: 6  
Footage at surface: Distance: 605 feet Direction: FSL Distance: 605 feet Direction: FEL  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

## GPS Data:

Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

## \*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: 8666.5

12. Spud Date: (when the 1st bit hit the dirt) 10/02/2010 13. Date TD: 10/03/2010 14. Date Casing Set or D&A: 10/04/2010

## 15. Well Classification:

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

16. Total Depth MD 1225 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 1225 TVD \_\_\_\_\_

18. Elevations GR 5202 KB 5202

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 logs run as of this time.

## 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
CONDUCTOR	24	16	55.5	40		0	40	VISU
SURF	12+1/4	9+5/8	36	1,211	390	110	1,211	CALC

### ADDITIONAL CEMENT

Cement work date: 10/09/2010

Details of work:

10/9/2010, 1 inch top job: 60 sx. CMT to surface confirmed visually.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		60	0	110

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Per rule 308A, this preliminary form 5 serves to provide notice of suspended drilling at this site. Drilling activity was suspended on 10/09/2010 due to rig availability. Work is expected to recommence in Q2 of 2011 with a rig that will drill from the surface casing shoe to a TD of 11,195.

All measurements are from ground level.

Please contact Clayton Doke at 970-669-7411 with any questions.

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

Signed: \_\_\_\_\_ Print Name: ANDY PETERSON

Title: CONSULTANT

Date:

Email: ANDY.PETERSON@PETERSONENERGY.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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400114049	CEMENT JOB SUMMARY
400114066	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)