

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



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DRILLING COMPLETION REPORT

Document Number:

400101892

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 05-123-31921-00 6. County: WELD  
7. Well Name: Boomerang Well Number: 36-9-63  
8. Location: QtrQtr: NW NW Section: 36 Township: 9N Range: 63W Meridian: 6  
Footage at surface: Distance: 739 feet Direction: FNL Distance: 772 feet Direction: FWL  
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: 8670.5

12. Spud Date: (when the 1st bit hit the dirt) 10/07/2010 13. Date TD: 10/09/2010 14. Date Casing Set or D&A: 10/10/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 1065 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 1065 TVD \_\_\_\_\_

18. Elevations GR 5083 KB 5083

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	14		40		0	40	VISU
SURF	12+1/4	9+5/8	36	1,003	345	404	1,103	CALC

ADDITIONAL CEMENT

Cement work date: 10/09/2010

Details of work:

ANNULAR FILL CMT: 10/09/2010, 120 SX. SURFACE STRING, BOC (CALC.)=411', TOC (CALC.)=88'  
ANNULAR FILL CMT: 10/29/2010, 100 SX. SURFACE STRING, BOC (CALC.)=88', TOC (OBS. VISU.)=SURF.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		120	184	404
1 INCH	SURF		100	0	184

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 10/9/2010 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 planned TD of 10,799'

All measurements are from ground level.

Please call Clayton Doke @ 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
400114070	CEMENT JOB SUMMARY
400114071	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)