

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:

2566673

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: 100122 4. Contact Name: NEIL ALLEN
2. Name of Operator: GUNNISON ENERGY CORPORATION Phone: (303) 296-4222
3. Address: 1801 BROADWAY #1200 Fax: (303) 296-4555
City: DENVER State: CO Zip: 80202

5. API Number 05-029-06108-00 6. County: DELTA
7. Well Name: OAK MESA UNIT HUGHES 139 Well Number: 12-22
8. Location: QtrQtr: SENW Section: 12 Township: 13S Range: 93W Meridian: 6
Footage at surface: Distance: 2078 feet Direction: FNL Distance: 2513 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: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/29/2010 13. Date TD: 08/31/2010 14. Date Casing Set or D&A: 09/06/2010

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

16. Total Depth MD 7272 TVD _____ 17 Plug Back Total Depth MD 7272 TVD _____

18. Elevations GR 9105 KB 9125 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:
TRIPLE COMBO-(HDIL, COMP Z-DENSILOG, CNL, GR)

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	20		0	60				CALC
SURF	17+1/2	13+3/8		0	808	633	0	808	CALC
1ST	12+1/4	9+5/8		0	3,264	635	1,981	3,264	CBL
2ND	8+3/4	7		0	4,438	159	3,202	4,438	CBL
3RD	6+1/8	4+1/2		0	7,272	196	2,888	7,272	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	1,981	285	0	1,981
STAGE TOOL	2ND	3,202	260	0	3,202
STAGE TOOL	3RD	2,888	272	320	2,888
SQUEEZE	1ST	2,300	602	0	2,300

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	
WILLIAMS FORK		2,469	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	2,469	2,588	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	3,005	3,110	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	3,170	3,210	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,210	7,195	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,195		<input 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: PATTY JOHNSON

Title: DRILLING & OPERATIONS Date: 12/13/2010 Email: PATTY.JOHNSON@OXBOW.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 & Neslin* Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
169382	CEMENT JOB SUMMARY
2566673	FORM 5 SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Received 4-1/2" production casing CBL from operator.	2/22/2011 10:51:23 AM
Engineer	Requested 4-1/2" production casing CBL from operator.	2/16/2011 11:22:35 AM

Total: 2 comment(s)