

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:

2556457

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: 5 4. Contact Name: STEVE LINDBLOM
2. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISS Phone: (303) 894-2100 X 1114
3. Address: 1120 LINCOLN ST SUITE 801 Fax: _____
City: DENVER State: CO Zip: 80203

5. API Number 05-007-06293-00 6. County: ARCHULETA
7. Well Name: DEEP CANYON MW Well Number: 34-4-32-1
8. Location: QtrQtr: SESW Section: 32 Township: 34N Range: 4W Meridian: M
Footage at surface: Distance: 840 feet Direction: FSL Distance: 1961 feet Direction: FWL
As Drilled Latitude: 37.143287 As Drilled Longitude: -107.309820

GPS Data:

Data of Measurement: 06/07/2010 PDOP Reading: 5.0 GPS Instrument Operator's Name: OVAL EILLIS

** 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: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/11/2010 13. Date TD: 05/17/2010 14. Date Casing Set or D&A: 05/18/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 895 TVD _____ 17 Plug Back Total Depth MD 895 TVD _____

18. Elevations GR 6727 KB 6734

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:

ELOG,TEMP,BULK DENSITY,CALIPER,GR/NEUTRON,SONIC-SCAN ABI

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	12+1/4	9+5/8		8	52	30	8	52	CALC
SURF	8+3/4	7		7	205	50	32	205	CALC
1ST	6+1/4	4+1/2		5	887	109	7	887	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
FRUITLAND	620	840	<input type="checkbox"/>	<input type="checkbox"/>	LOWER FRUITLAND 742-840
PICTURED CLIFFS	840		<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: DENNY G FOST

Title: AGENT Date: 6/25/2010 Email: DENNY.FOUST@SOUDERMILLER.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 G. Nashin* Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2556457	FORM 5 SUBMITTED
2556458	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)