

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:

2556461

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) 894-2100X114
3. Address: 1120 LINCOLN ST SUITE 801 Fax: _____
City: DENVER State: CO Zip: 80203

5. API Number 05-067-09803-00 6. County: LA PLATA
7. Well Name: FIDDLER Well Number: 1
8. Location: QtrQtr: NENW Section: 10 Township: 35N Range: 8W Meridian: N
Footage at surface: Distance: 11 feet Direction: FSL Distance: 1798 feet Direction: FWL
As Drilled Latitude: 37.309504 As Drilled Longitude: -107.735173

GPS Data:

Data of Measurement: 06/07/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: OVAL WILLIS

** 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) 10/09/2009 13. Date TD: 10/16/2009 14. Date Casing Set or D&A: 10/19/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 457 TVD _____ 17 Plug Back Total Depth MD 450 TVD _____

18. Elevations GR 7824 KB _____ 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:

E-LOG/GR, GR/DENSITY, GAMMA RAY, NEUTRON

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+1/2	9+5/8		1	44	20	1	44	CALC
SURF	8+3/4	7		0	271	60	0	271	CALC
1ST	6+1/4	4+1/2		0	457	113	0	457	CBL

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	37	409	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	409		<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
2556461	FORM 5 SUBMITTED
2556462	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)