

**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:

2556525

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: 5 4. Contact Name: STEVE LINDBLOM
2. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISS Phone: (303) 894-2100X5114
3. Address: 1120 LINCOLN ST SUITE 801 Fax: _____
City: DENVER State: CO Zip: 80203

5. API Number 05-067-09804-00 6. County: LA PLATA
7. Well Name: PALMER RANCH Well Number: 1
8. Location: QtrQtr: SWNW Section: 19 Township: 35N Range: 8W Meridian: N
Footage at surface: Distance: 1906 feet Direction: FNL Distance: 561 feet Direction: FWL
As Drilled Latitude: 37.289768 As Drilled Longitude: -107.793761

GPS Data:

Data of Measurement: 06/07/2010 PDOP Reading: 2.2 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) 10/27/2009 13. Date TD: 11/09/2009 14. Date Casing Set or D&A: 11/10/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 740 TVD _____ 17 Plug Back Total Depth MD 730 TVD _____18. Elevations GR 7601 KB 7601

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/DENSITY/CALIPER, GR/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+1/4	9+5/8		1	45	22	1	45	CALC
SURF	8+3/4	7		0	318	68	17	318	CALC
1ST	6+1/4	4+1/2		0	730	149	0	730	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	186	723	<input type="checkbox"/>	<input type="checkbox"/>	FROM CUTTINGS AND LOGSP
PICTURED CLIFFS	723		<input type="checkbox"/>	<input type="checkbox"/>	

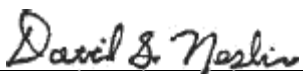
Comment:

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. FOUST

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:  Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2556525	FORM 5 SUBMITTED
2556526	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)