


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  2071285	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number:    76840		4. Contact Name:    JEFF SCHNEIDER					
2. Name of Operator:    SCHNEIDER ENERGY SERVICES INC		Phone:    (970) 867-9437					
3. Address:    P O BOX 297		Fax:    (970) 867-9137					
City:    FORT MORGAN    State:    CO    Zip:    80701							
5. API Number    05-087-08142-00		6. County:    MORGAN					
7. Well Name:    SMITH		Well Number:    1					
8. Location:    QtrQtr:    NWSE    Section:    5    Township:    3N    Range:    59W    Meridian:    6							
Footage at surface:    Distance:    1987    feet    Direction:    FSL		Distance:    1970    feet    Direction:    FEL					
As Drilled Latitude:    40.252790		As Drilled Longitude:    -104.006500					
GPS Data:							
Data of Measurement:    11/19/2009    PDOP Reading:    1.9    GPS Instrument Operator's Name:    DAVID CLAUSEN							
** If directional footage at Top of Prod. Zone    Dist.:       feet. Direction:          Dist.:       feet. Direction:							
Sec:          Twp:          Rng:							
** If directional footage at Bottom Hole    Dist.:       feet. Direction:          Dist.:       feet. Direction:							
Sec:          Twp:          Rng:							
9. Field Name:    LODESTONE		10. Field Number:    50830					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    01/06/2009    13. Date TD:    01/10/2009    14. Date Casing Set or D&A:    01/10/2009							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    6291    TVD**		17 Plug Back Total Depth    MD    6291    TVD**					
18. Elevations    GR    4497    KB    4507		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:							
COMPENSATED DENSITY, COMPENSATED NEUTRON, DUAL INDUCTION, CBL, GR CCL, VDL.							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	320	250		349	CALC
1ST	7+7/8	4+1/2		0	6,291	390	3,350	6,291	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	
NIOBRARA	5,371	5,580	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	5,612	5,664	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	5,665	5,672	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	6,058	6,088	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	6,152	6,172	<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: KIRK WILLIAMS

Title: WSS Date: 9/14/2010 Email: K.WILLIAMS@SCHNEIDERENERGY.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2071286	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2071285	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date
Permit	req digital logs, Cement tkts doc 2071286 - I requested they be attached to form 5.	1/24/2011 11:48:14 AM

Total: 1 comment(s)

Date Run: 3/15/2011 Doc [#2071285] Well Name: SMITH 1

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**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**