

**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:

400135399

**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: 10334 4. Contact Name: CLAYTON DOKE  
2. Name of Operator: SLAWSON EXPLORATION COMPANY INC Phone: (970) 669-7411  
3. Address: 1675 BROADWAY - SUITE 1600 Fax: (970) 669-4077  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31719-00 6. County: WELD  
7. Well Name: JOKER Well Number: 36-9-62  
8. Location: QtrQtr: NW NW Section: 36 Township: 9N Range: 62W Meridian: 6  
Footage at surface: Distance: 600 feet Direction: FNL Distance: 600 feet Direction: FWL  
As Drilled Latitude: 40.710350 As Drilled Longitude: -104.275530

## GPS Data:

Data of Measurement: 02/21/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: ADAM KELLEY

## \*\* If directional footage

at Top of Prod. Zone Distance: 1096 feet Direction: FNL Distance: 1150 feet Direction: FWL  
Sec: 36 Twp: 9N Rng: 62W  
at Bottom Hole Distance: 1097 feet Direction: FNL Distance: 1255 feet Direction: FEL  
Sec: 36 Twp: 9N Rng: 62W

9. Field Name: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: 8660.5

12. Spud Date: (when the 1st bit hit the dirt) 09/27/2010 13. Date TD: 02/11/2011 14. Date Casing Set or D&A: 02/14/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 11368 TVD 6670 17 Plug Back Total Depth MD 11368 TVD 667018. Elevations GR 4964 KB 4984

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:

CR, CBL, No openhole logs were run.

## 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
SURF	12+1/4	9+5/8	36	0	841	345	0	841	VISU
1ST	8+3/4	7	26	0	6,812	200	5,034	6,812	CBL
1ST LINER	6+1/8	4+1/2	13.5	6134	11,367				

### 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	
SHARON SPRINGS	6,478		<input type="checkbox"/>	<input type="checkbox"/>	Derived from Mud Log
NIOBRARA	6,604		<input type="checkbox"/>	<input type="checkbox"/>	Derived From Mud Log

Comment:

Well was originally spudded 9/27/10. Surface was drilled and casing set, drilling activity was suspended on 09/29/10 due to availability of an appropriately sized rig. A preliminary Form 5 (doc #: 400101889) detailing the work done to that point was submitted as notice per rule 308a.

Drilling activity at this site re-commenced 01/23/11.

Form 5a (Document #400151882) in related forms remains in DRAFT status pending acquisition of appropriate data. It will be submitted as soon as is practicable.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: CLAYTON DOKE

Title: ENGINEER

Date: \_\_\_\_\_

Email: cdoke@petersonenergy.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: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400141188	PDF-CEMENT BOND
400141198	CEMENT JOB SUMMARY
400143797	DIRECTIONAL SURVEY
400151887	PDF-

Total Attach: 4 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)