

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
CONDUCTOR	24	14		0	40		0	40	VISU
SURF	12+1/4	9+5/8	36	0	1,003	265	404	1,103	CALC

ADDITIONAL CEMENT

Cement work date: 10/09/2010

Details of work:

ANNULAR FILL CMT: 10/09/2010, 120 SX. SURFACE STRING, BOC (CALC.)=411', TOC (CALC.)=88'
ANNULAR FILL CMT: 10/29/2010, 100 SX. SURFACE STRING, BOC (CALC.)=88', TOC (OBS. VISU.)=SURF.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		120	184	404
1 INCH	SURF		100	0	184

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Per rule 308A, this preliminary form 5 serves to provide notice of suspended drilling at this site. Drilling activity was suspended on 10/9/2010 due to rig availability. Work is expected to recommence in Q2 of 2011 with a rig that will drill from the surface casing shoe to a planned TD of 10,799'

All measurements are from ground level.

Please call Clayton Doke @ 970-669-7411 with any questions.

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

Signed: _____ Print Name: ANDY PETERSON

Title: CONSULTANT

Date: 12/6/2010

Email: ANDY.PETERSON@PETERSONENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400114070	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>					
400101892	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)