

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		<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>	DE	ET	OE	ES
DE	ET	OE	ES				
DRILLING COMPLETION REPORT			Document Number: 400101892				
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 type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>10334</u>		4. Contact Name: <u>CLAYTON DOKE</u>					
2. Name of Operator: <u>SLAWSON EXPLORATION COMPANY INC</u>		Phone: <u>(970) 669-7411</u>					
3. Address: <u>1675 BROADWAY - SUITE 1600</u>		Fax: <u>(970) 669-4077</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-123-31921-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Boomerang</u>		Well Number: <u>36-9-63</u>					
8. Location: QtrQtr: <u>NW NW</u> Section: <u>36</u> Township: <u>9N</u> Range: <u>63W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>739</u> feet Direction: <u>FNL</u> Distance: <u>772</u> feet Direction: <u>FWL</u>							
As Drilled Latitude: _____ As Drilled Longitude: _____							
GPS Data:							
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____							
** 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: <u>WILDCAT</u>		10. Field Number: <u>99999</u>					
11. Federal, Indian or State Lease Number: <u>8670.5</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>10/07/2010</u> 13. Date TD: <u>10/09/2010</u> 14. Date Casing Set or D&A: <u>10/10/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input 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 <u>1065</u> TVD** _____		17 Plug Back Total Depth MD <u>1065</u> TVD** _____					
18. Elevations GR <u>5084</u> KB <u>5084</u>		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:							
<u>NO LOGS RUN AS OF THIS TIME.</u>							
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
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"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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

Total: 0 comment(s)