


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> Document Number: 400103233	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> 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 05-123-31984-00		6. County: WELD					
7. Well Name: Pickeroon		Well Number: 36-12-66					
8. Location: QtrQtr: NWNW Section: 36 Township: 12N Range: 66W Meridian: 6							
Footage at surface: Distance: 605 feet Direction: FNL Distance: 606 feet Direction: FWL							
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: WILDCAT		10. Field Number: 99999					
11. Federal, Indian or State Lease Number: 8765.5							
12. Spud Date: (when the 1st bit hit the dirt) 10/18/2010 13. Date TD: 10/24/2010 14. Date Casing Set or D&A: 10/24/2010							
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 2615 TVD** _____		17 Plug Back Total Depth MD 2615 TVD** _____					
18. Elevations GR 6176 KB 6176		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:							
NO LOGS RUN AS OF THIS TIME.							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

<u>CASING</u>									
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	2,597	1,020	0	1,020	VISU
<u>ADDITIONAL CEMENT</u>									
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:

<u>FORMATION LOG INTERVALS AND TEST ZONES</u>					
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 10/24/2010 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 12,945'.

All measurements are from ground level.

Please contact Clayton Doke at 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>			
400114088	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>			
400103233	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet, 05/05/11	5/5/2011 11:08:43 AM

Total: 1 comment(s)