


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: 400112108	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 05-123-32505-00		6. County: WELD					
7. Well Name: Birds of Prey		Well Number: 36-10-61					
8. Location: QtrQtr: SESE Section: 36 Township: 10N Range: 61W Meridian: 6							
Footage at surface: Distance: 1173 feet Direction: FSL Distance: 600 feet Direction: FEL							
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:					
Sec:		Twp: Rng:					
** If directional footage at Bottom Hole		Dist.: feet. Direction:					
Sec:		Twp: Rng:					
9. Field Name: WILDCAT		10. Field Number: 99999					
11. Federal, Indian or State Lease Number: 8688.5							
12. Spud Date: (when the 1st bit hit the dirt) 11/07/2010 13. Date TD: 11/08/2010 14. Date Casing Set or D&A: 11/10/2010							
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 915 TVD**		17 Plug Back Total Depth MD 915 TVD**					
18. Elevations GR 5077 KB 5077		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 ELECTRIC LOGS RUN.							
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	13+1/2	9+5/8	36	0	848	420	180	848	
ADDITIONAL CEMENT									
Cement work date: 11/17/2010									
Details of work:									
11/17/2010: SURFACE CASING TOP JOB. BOC(CALC.)=180', TOC(OBS. VIS.)=SURF.									
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom				
1 INCH	SURF		98	0	180				

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 11/10/10 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 10,261'.

All measurements are from ground level.

Please contact Clay 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>			
400114130	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>			
400112108	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 11:23:48 AM

Total: 1 comment(s)

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.