

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

STATE OF COLORADO

OIL & GAS

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OE

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Document Number:

400112110

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

2. Name of Operator: SLAWSON EXPLORATION COMPANY INC

3. Address: 1675 BROADWAY - SUITE 1600

City: DENVER State: CO Zip: 80202

4. Contact Name: CLAYTON DOKE

Phone: (970) 669-7411

Fax: (970) 669-4077

5. API Number 05-123-32371-00

6. County: WELD

7. Well Name: King Pin

Well Number: 36-12-65

8. Location: QtrQtr: NWNW Section: 36 Township: 12N Range: 65W Meridian: 6

Footage at surface: Distance: 684 feet Direction: FNL Distance: 832 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: 8760.5

12. Spud Date: (when the 1st bit hit the dirt) 11/08/2010

13. Date TD: 11/13/2010

14. Date Casing Set or D&A: 11/14/2010

15. Well Classification:

☐ Dry

☐ Oil

☐ Gas/Coalbed

☐ Disposal

☐ Stratigraphic

☐ Enhanced Recovery

☐ Storage

☐ Observation

16. Total Depth MD 2145 TVD\*\*

17 Plug Back Total Depth MD 2145 TVD\*\*

18. Elevations GR 5936 KB 5936

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 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	2,135	520	0	2,135	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 11/14/10 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 12,134'.

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>			
400114150	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>			
400112110	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 11:25:25 AM

Total: 1 comment(s)