


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: <div style="text-align: center; font-weight: bold; margin-top: 10px;">400112111</div>	DE	ET	OE	ES																
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DRILLING COMPLETION REPORT																							
<small>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.</small>																							
Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion																							
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GPS Data: Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____																							
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9. Field Name: <u>WILDCAT</u> 10. Field Number: <u>99999</u>																							
11. Federal, Indian or State Lease Number: <u>8736.5</u>																							
12. Spud Date: (when the 1st bit hit the dirt) <u>11/12/2010</u> 13. Date TD: <u>11/13/2010</u> 14. Date Casing Set or D&A: <u>11/14/2010</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>1864</u> TVD** _____ 17 Plug Back Total Depth MD <u>1864</u> TVD** _____																							
18. Elevations GR <u>5749</u> KB <u>5749</u>																							
19. List Electric Logs Run: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">NO ELECTRIC LOGS RUN AS OF THIS TIME.</div>																							
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	13+1/2	9+5/8	36	0	1,854	735	0	1,854	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 11/15/2010 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 12,207'

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: 12/7/2010

Email: ANDY.PETERSON@PETERSONENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400114277	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>			
400112111	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)