

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



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**DRILLING COMPLETION REPORT**

Document Number:  
400124992

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: 41550 4. Contact Name: CLAYTON DOKE  
2. Name of Operator: TYLER ROCKIES EXPLORATION LTD Phone: (970) 669-7411  
3. Address: P O BOX 119 Fax: (970) 669-4077  
City: TYLER State: TX Zip: 75710-01

5. API Number 05-005-07140-00 6. County: ARAPAHOE  
7. Well Name: PEORIA "J" SAND UNIT Well Number: 73  
8. Location: QtrQtr: SESW Section: 20 Township: 4S Range: 60W Meridian: 6  
Footage at surface: Distance: 462 feet Direction: FSL Distance: 1478 feet Direction: FWL  
As Drilled Latitude: 39.682920 As Drilled Longitude: -104.129770

GPS Data:

Data of Measurement: 01/10/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: C. Vanmatre

\*\* 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: PEORIA 10. Field Number: 68350

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 10/08/2010 13. Date TD: 10/12/2010 14. Date Casing Set or D&A: 10/14/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6651 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6651 TVD\*\* \_\_\_\_\_

18. Elevations GR 5166 KB 5178

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:

GR, FDC, CNL, DIL

20. Casing, Liner and Cement:

CASING

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	8+5/8	24	0	816	360	0	816	VISU

ADDITIONAL CEMENT

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:

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	
BENTONITE	6,343		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	6,434		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	6,484		<input type="checkbox"/>	<input type="checkbox"/>	
J-2 SAND	6,512		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well was plugged an abandoned, therefore a Form 6 is forthcoming and will be submitted in hard copy format.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CLAYTON DOKE

Title: ENGINEER Date: 2/2/2011 Email: clay.doke@gmail.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400125092	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"/>
400125048	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400124992	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400125093	IND-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Wel drilled, DST revealed nothing and the well was plugged immediately. per Clay Doke	5/10/2011 11:39:33 AM

Total: 1 comment(s)