

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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Document Number:
400118158

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: 10273 4. Contact Name: CLAYTON DOKE
 2. Name of Operator: HRM RESOURCES LLC Phone: (970) 669-7411
 3. Address: 555 17TH STREET #950 Fax: (970) 669-4077
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-32238-00 6. County: WELD
 7. Well Name: DUTTON Well Number: 4-2-22
 8. Location: QtrQtr: NWNW Section: 22 Township: 4N Range: 67W Meridian: 6
 Footage at surface: Distance: 1158 feet Direction: FNL Distance: 1197 feet Direction: FWL
 As Drilled Latitude: 40.302110 As Drilled Longitude: -104.882080

GPS Data:

Data of Measurement: 12/22/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: AARON LUND

** If directional footage at Top of Prod. Zone Dist.: 1321 feet. Direction: FNL Dist.: 2518 feet. Direction: FWL
 Sec: 22 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1318 feet. Direction: FNL Dist.: 2510 feet. Direction: FWL
 Sec: 22 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/13/2010 13. Date TD: 11/17/2010 14. Date Casing Set or D&A: 11/18/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7600 TVD** 7397 17 Plug Back Total Depth MD 7568 TVD** 7365

18. Elevations GR 4870 KB 4885

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:

CBL w/ GR

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	12+1/4	8+5/8	24	0	652	460	0	652	VISU
1ST	7+7/8	4+1/2	11.6	0	7,585	650	2,730	7,585	CBL

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	
NIOBRARA	7,115		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,428		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All measurements are from KB. A depth of 0' designates surface.

Form 5a (Doc #:400125399) as listed in the related forms section is forthcoming, is currently in DRAFT status, and will be submitted as soon as the appropriate data is acquired.

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: 1/19/2011 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400123679	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400118167	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" 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>			
400118158	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400118448	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)