


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-size: 1.2em;">2584820</div>	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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 90950		4. Contact Name: LARRY ROBBINS					
2. Name of Operator: UNIOIL		Phone: (303) 860-5822					
3. Address: 1775 SHERMAN ST STE 3000		Fax: (303) 860-5838					
City: DENVER	State: CO	Zip: 80203					
5. API Number 05-123-31084-00		6. County: WELD					
7. Well Name: REICHERT		Well Number: 29DDU					
8. Location: QtrQtr: NWSE Section: 29 Township: 4N Range: 67W Meridian: 6							
Footage at surface: Distance: 2402 feet Direction: FSL		Distance: 2285 feet Direction: FEL					
As Drilled Latitude: 40.283500		As Drilled Longitude: -104.913470					
GPS Data:							
Data of Measurement: 09/05/2010		PDOP Reading: 1.6 GPS Instrument Operator's Name: HOLLY L. TRACY					
** If directional footage at Top of Prod. Zone		Dist.: 1267 feet. Direction: FSL Dist.: 1249 feet. Direction: FEL					
Sec: 29		Twp: 4N Rng: 67W					
** If directional footage at Bottom Hole		Dist.: 1261 feet. Direction: FSL Dist.: 1258 feet. Direction: FEL					
Sec: 29		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) 07/08/2010 13. Date TD: 07/13/2010 14. Date Casing Set or D&A: 07/14/2010							
15. Well Classification:							
<input checked="" 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 7731 TVD** 7483		17 Plug Back Total Depth MD 7655 TVD** 7407					
18. Elevations GR 4970 KB 4984		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, CNL/CDL, DUAL INDUCTION							

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		0	616	440		616	CALC
1ST	7+7/8	4+1/2		0	7,687	170	2,350	7,687	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
			838	300	6,724

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	7,256		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,542		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,559		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: LARRY ROBBINS

Title: REGULATORY AGENT Date: 10/21/2010 Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2584821	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2584822	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2584820	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)