


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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="border: 1px solid black; padding: 5px; text-align: center;">2584812</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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    05-123-31083-00		6. County:    WELD					
7. Well Name:    Reichert		Well Number:    33-29DU					
8. Location:    QtrQtr:    NWSE    Section:    29    Township:    4N    Range:    67W    Meridian:    6							
Footage at surface:    Distance:    2440    feet    Direction:    FSL    Distance:    2306    feet    Direction:    FEL							
As Drilled Latitude:    40.283580    As Drilled Longitude:    -104.913500							
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.:    2038    feet. Direction:    FSL	Dist.:    1797    feet. Direction:    FEL				
Sec:    29		Twp:    4N	Rng:    67W				
** If directional footage at Bottom Hole		Dist.:    2032    feet. Direction:    FSL	Dist.:    1807    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)    06/28/2010    13. Date TD:    07/01/2010    14. Date Casing Set or D&A:    07/02/2010							
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    7552    TVD**    7487	17 Plug Back Total Depth    MD    7470    TVD**    7405						
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
CONDUCTOR				0					
SURF	12+1/4	8+5/8		0	604	430	0	604	CALC
1ST	7+7/8	4+1/2		0	7,514	175	6,612	7,514	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST		845	400	6,612

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	7,099		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,355		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,375		<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: 10/15/2010 Email: LROBBINS@PETD.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2584813	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2584814	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>					
2584812	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)