

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: 400168108

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 [X] Final completion [] Preliminary completion

1. OGCC Operator Number: 3250 4. Contact Name: Jodi Keeler
2. Name of Operator: ANTELOPE ENERGY COMPANY LLC Phone: (308) 235-4661
3. Address: P O BOX 577 Fax: (308) 235-4550
City: KIMBALL State: NE Zip: 69145

5. API Number 05-123-32490-00 6. County: WELD
7. Well Name: State Well Number: 9-61-16
8. Location: QtrQtr: SESE Section: 16 Township: 9N Range: 61W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.743690 As Drilled Longitude: -104.203810

GPS Data:
Data of Measurement: 08/16/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Darren Veal

** If directional footage
at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:
at Bottom Hole Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 8437.5

12. Spud Date: (when the 1st bit hit the dirt) 01/04/2011 13. Date TD: 01/10/2011 14. Date Casing Set or D&A: 01/12/2011

15. Well Classification:
[] Dry [X] Oil [] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

16. Total Depth MD 7353 TVD 17 Plug Back Total Depth MD 7325 TVD

18. Elevations GR 4966 KB 4978 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:
High Resolution Induction, Compensated Density, Compensated Neutron, Sonic, Cement Bond Log

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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	
PARKMAN	3,565		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,388		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,660		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,718		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	7,047		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,166		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,244		<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: Jodi Keeler _____
 Title: Production Manager Date: _____ Email: jodik@antelope-energy.com _____

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400171354	PDF-COMBINATION OPEN HOLE
400171355	PDF-CEMENT BOND
400171356	PDF-MUD

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)