

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



DE ET OE ES

Document Number:

400125570

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: 57667 4. Contact Name: CLAYTON DOKE
2. Name of Operator: MINERAL RESOURCES, INC. Phone: (970) 669-7411
3. Address: PO BOX 328 Fax: (970) 669-4077
City: GREELEY State: CO Zip: 80632

5. API Number 05-123-31836-00 6. County: WELD
7. Well Name: COLE X6 Well Number: 4-8-31
8. Location: QtrQtr: NESW Section: 31 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 2592 feet Direction: FSL Distance: 1714 feet Direction: FWL
As Drilled Latitude: 40.355588 As Drilled Longitude: -104.709558

GPS Data:

Data of Measurement: 10/20/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: DAVID BERGLUND

** If directional footage at Top of Prod. Zone Dist.: 225 feet. Direction: FSL Dist.: 2585 feet. Direction: FEL
Sec: 31 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 181 feet. Direction: FSL Dist.: 2568 feet. Direction: FEL
Sec: 31 Twp: 5N Rng: 65W

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) 08/27/2010 13. Date TD: 09/01/2010 14. Date Casing Set or D&A: 09/23/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7815 TVD** 7249 17 Plug Back Total Depth MD 7782 TVD** 7216

18. Elevations GR 4659 KB 4674

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	1,026	810	0	810	VISU
1ST	7+7/8	4+1/2	11.6	0	7,797	1,060	1,270	7,797	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	7,342	7,637	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,637	7,660	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,660	7,678	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All measurements are from KB, excepting those listed as 0' (zero feet) ; this designates surface.

The Form 5a (Doc#:400134089) listed under the related forms section remains in DRAFT and will be submitted as soon as is practicable.

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: 2/16/2011 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400128103	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400131670	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>			
400125570	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400125881	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400125884	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)