


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; margin-top: 10px;">2591510</div>	DE	ET	OE	ES																					
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DRILLING COMPLETION REPORT																												
<small>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.</small>																												
Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion																												
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GPS Data: Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____																												
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9. Field Name: <u>CLIFF</u> 10. Field Number: <u>11400</u>																												
11. Federal, Indian or State Lease Number: _____																												
12. Spud Date: (when the 1st bit hit the dirt) <u>10/25/2010</u> 13. Date TD: <u>10/30/2010</u> 14. Date Casing Set or D&A: <u>11/01/2010</u>																												
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 <u>5610</u> TVD** _____ 17 Plug Back Total Depth MD <u>5610</u> TVD** _____																												
18. Elevations GR <u>4352</u> KB <u>4364</u>																												
19. List Electric Logs Run: <u>DUAL INDUCTION, CMPENSATED DENSITY, COMPENSATED NEUTRON, GAMMA RAY</u>																												
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

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: TONY MARKVE

Title: VICE PRESIDENT Date: 11/29/2010 Email: TONY@DOUDBTS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072417	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
2072413	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2072414	DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2591510	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2591511	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CMT TKT	6/16/2011 11:27:52 AM
Permit	REQ CMT TKTS AND ALL DIGITAL LOGS. NO CBL, FORM 6 SUBMITTED.	6/14/2011 2:31:22 PM

Total: 2 comment(s)