


<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:  400122077	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:    10273		4. Contact Name:    CLAYTON DOKE					
2. Name of Operator:    HRM RESOURCES LLC		Phone:    (970) 669-7411					
3. Address:    555 17TH STREET #950		Fax:    (970) 669-4077					
City:    DENVER	State:    CO	Zip:    80202					
5. API Number    05-123-27109-00		6. County:    WELD					
7. Well Name:    STROH		Well Number:    12-22					
8. Location:    QtrQtr:    SWNW    Section:    22    Township:    4N    Range:    67W    Meridian:    6							
Footage at surface:    Distance:    1919    feet    Direction:    FNL    Distance:    716    feet    Direction:    FWL							
As Drilled Latitude:    40.300060	As Drilled Longitude:    -104.883790						
GPS Data:							
Data of Measurement:    01/11/2011    PDOP Reading:    1.6    GPS Instrument Operator's Name:    ADAM KELLY							
** If directional footage at Top of Prod. Zone    Dist.:       feet. Direction:          Dist.:       feet. Direction:							
Sec:          Twp:          Rng:							
** If directional footage at Bottom Hole    Dist.:       feet. Direction:          Dist.:       feet. Direction:							
Sec:          Twp:          Rng:							
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)    09/27/2010    13. Date TD:    10/01/2010    14. Date Casing Set or D&A:    10/03/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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    7478    TVD**		17 Plug Back Total Depth    MD    7406    TVD**					
18. Elevations    GR    4882    KB    4893		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, CBL,							

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	24	0	654	300	0	654	VISU
1ST	7+7/8	4+4/1	2	0	7,375	655	2,680	7,375	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	
PARKMAN	3,605	3,882	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,205	4,394	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,643	4,719	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,932	7,223	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,223	7,246	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,246	7,268	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All measurements are from KB. A depth of 0' designates surface.

Form 5a (Doc #:400125400) as listed in the related forms section is forthcoming, is currently in DRAFT status, and will be submitted as soon as the appropriate data is acquired.

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: 1/19/2011

Email: clay.doke@gmail.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1693883	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>					
400122077	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400123386	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400123389	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Added corrected surface casing job summary. plg.	3/11/2011 1:39:32 PM
Permit	ON HOLD. Surface casing job summary is for a different well. Requested new cement summary. PVG	2/1/2011 4:54:37 PM

Total: 2 comment(s)