


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: 400125571	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-123-31835-00		6. County: WELD					
7. Well Name: MAIN Y3		Well Number: 6-8-31					
8. Location: QtrQtr: SENW Section: 31 Township: 5N Range: 65W Meridian: 6							
Footage at surface: Distance: 2447 feet Direction: FNL Distance: 2206 feet Direction: FWL							
As Drilled Latitude: 40.356137	As Drilled Longitude: -104.707786						
GPS Data:							
Data of Measurement: 10/22/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: DAVID BERGLUND							
** If directional footage at Top of Prod. Zone Dist.: 396 feet. Direction: FSL Dist.: 1428 feet. Direction: FEL							
Sec: 31 Twp: 5N Rng: 67W							
** If directional footage at Bottom Hole Dist.: 344 feet. Direction: FSL Dist.: 1261 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) 08/21/2010 13. Date TD: 08/26/2010 14. Date Casing Set or D&A: 08/27/2010							
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 8025 TVD** 7263		17 Plug Back Total Depth MD 7980 TVD** 7219					
18. Elevations GR 4658 KB 4673		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, CBL, NO OPENHOLE LOGS RUN.							

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	478	440	0	478	VISU
1ST	7+7/8	4+1/2	11.6	0	8,001	1,080	300	8,001	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	7,623	7,814	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,814	7,842	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,842		<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#:400135859) listed under the related forms section remains in DRAFT and will be submitted as soon as is practicable.

No open hole logs run.

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: 3/8/2011

Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400135674	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400135429	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>					
400125571	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400135564	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)