

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
DRILLING COMPLETION REPORT			Document Number: 2591533
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: <u>100122</u>		4. Contact Name: <u>NEIL ALLEN</u>	
2. Name of Operator: <u>GUNNISON ENERGY CORPORATION</u>		Phone: <u>(303) 296-4222</u>	
3. Address: <u>1801 BROADWAY #1200</u>		Fax: <u>(303) 296-4555</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	
5. API Number <u>05-051-06082-00</u>		6. County: <u>GUNNISON</u>	
7. Well Name: <u>DEADMAN GULCH U HOTCHKI</u>		Well Number: <u>20-12D</u>	
8. Location: QtrQtr: <u>SWNW</u> Section: <u>20</u> Township: <u>12S</u> Range: <u>89W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>1973</u> feet Direction: <u>FNL</u> Distance: <u>484</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: _____ As Drilled Longitude: _____			
GPS Data:			
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____			
** 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: <u>WILDCAT</u>		10. Field Number: <u>99999</u>	
11. Federal, Indian or State Lease Number: <u>COC65108</u>			
12. Spud Date: (when the 1st bit hit the dirt) <u>06/30/2010</u> 13. Date TD: <u>09/14/2010</u> 14. Date Casing Set or D&A: <u>09/17/2010</u>			
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 <u>7300</u> TVD** _____		17 Plug Back Total Depth MD <u>7300</u> TVD** _____	
18. Elevations GR <u>6602</u> KB <u>6620</u>		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:			
<u>HOLE VOLUME LOG, DROP OFF TEMP LOG, ARRAY INDUCTION LOG, CBL, TRIPLE COMBO, HIGH DEFINITION INDUCTION RUNS 1 & 2</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
CONDUCTOR	26	20		0	60		0	60	CALC
SURF	17+1/2	13+3/8		0	730	583	0	730	CALC
1ST	6+1/8	4+1/2		0	7,299	146	5,016	7,299	CALC
2ND	6+1/8	4+1/2		0		286	0	5,016	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1	3,125	1,159	2,175	3,125
	S.C. 1.2	3,520	527	0	3,520

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	
MESAVERDE		2,301	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	2,301	2,430	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	3,156	3,209	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	3,253	3,291	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,291	7,124	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,124		<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: PATTY JOHNSON

Title: DRLG & OPERATIONS TECH Date: 12/3/2010 Email: PATTY.JOHNSON@OXBOW.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2591534	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2591533	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	CBL only goes to 3100 ft	6/13/2011 10:34:14 AM
Permit	req all digital logs except CBL & As Drilled GPS	5/3/2011 8:58:47 AM

Total: 2 comment(s)