


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table>	DE	ET	OE	ES																
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DRILLING COMPLETION REPORT			Document Number: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">1633746</div>																				
<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>ISLAND BUTTE</u> 10. Field Number: <u>39425</u>																							
11. Federal, Indian or State Lease Number: _____																							
12. Spud Date: (when the 1st bit hit the dirt) <u>07/30/2005</u> 13. Date TD: <u>08/30/2005</u> 14. Date Casing Set or D&A: _____																							
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>6230</u> TVD** <u>1922</u> 17 Plug Back Total Depth MD <u>3496</u> TVD** <u>6228</u>																							
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19. List Electric Logs Run: <u>GR, NEUTRON DENSITY, POROSITY RESISTIVITY</u>																							
20. Casing, Liner and Cement:																							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

<u>CASING</u>									
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	9+5/8		0	1,928	260	0	1,928	CALC
<u>ADDITIONAL CEMENT</u>									
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:

<u>FORMATION LOG INTERVALS AND TEST ZONES</u>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
DESERT CREEK	6,080		<input type="checkbox"/>	<input type="checkbox"/>	
AKAH SALT	6,190		<input type="checkbox"/>	<input type="checkbox"/>	
SALT WASH	6,225		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES: FORMATION NAME: DESERT CREEK POR. MEASURED DEPTH TOP: 6130'; CHIMNEY ROCK SH. MEASURED DEPTH TOP: 6175'; TD MEASURED DEPTH TOP: 6230'.
COMMENTS: PLEASE NOTE: LAS LOGS HAVE BEEN SUBMITTED ELECTRONICALLY VIA E-MAIL, PER KATHLEEN MILLS. OPERATIONS SUMMARY REPORT IS ALSO ATTACHED.

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

Signed: _____ Print Name: SARAH BOXLEY

Title: PERMIT AGENT Date: 2/9/2011 Email: SARAH.BOXLEY@QEPRES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1633748	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"/>
1633747	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
1633746	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1633749	OPERATIONS SUMMARY	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>
Engineer	Preliminary Form 5.	7/13/2011 8:15:34 AM
Permit	SUB 6 DOC#1636035	7/8/2011 12:46:56 PM

Total: 2 comment(s)