

FORM
5Rev
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



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Document Number:

1634702

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 ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10335

4. Contact Name: CINDY TURNER

2. Name of Operator: AXIA ENERGY LLC

Phone: (720) 746-5209

3. Address: 1430 LARIMER STREET #400

Fax: (720) 746-5201

City: DENVER State: CO Zip: 80202

5. API Number 05-077-10137-00

6. County: MESA

7. Well Name: Kimball Creek

Well Number: 11-416D-995

8. Location: QtrQtr: SENE Section: 14 Township: 9S Range: 95W Meridian: 6

Footage at surface: Distance: 1678 feet Direction: FNL Distance: 347 feet Direction: FEL

As Drilled Latitude: 39.279450 As Drilled Longitude: -107.953115

GPS Data:

Data of Measurement: 03/08/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: GEORGE BAUER

** If directional footage at Top of Prod. Zone Dist.: 169 feet. Direction: FSL Dist.: 702 feet. Direction: FEL

Sec: 11 Twp: 9S Rng: 95W

** If directional footage at Bottom Hole Dist.: 152 feet. Direction: FSL Dist.: 725 feet. Direction: FEL

Sec: 11 Twp: 9S Rng: 95W

9. Field Name: BUZZARD

10. Field Number: 9495

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/13/2011 13. Date TD: 01/24/2011 14. Date Casing Set or D&A: 01/27/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7815 TVD** 7408 17 Plug Back Total Depth MD 7749 TVD** 7342

18. Elevations GR 6871 KB 6896

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:

RADIAL CEMENT BOND LOG, RESEVOIR MONITOR TOOL ELITE, SD-DSN-ACTR, TRIPLE COMBO, MUD LOG

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 16 | | 0 | 160 | 23 | 0 | 160 | CALC |
| SURF | 12+1/4 | 8+5/8 | | 0 | 1,957 | 763 | 0 | 1,957 | CBL |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 7,792 | 490 | 3,520 | 7,792 | 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 | |
| MESAVERDE | 3,897 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 4,300 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO COAL | 6,510 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,801 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 7,172 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORCORAN | 7,550 | | <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: CINDY TURNER

Title: PROJECT MANAGER Date: 3/18/2011 Email: CTURNER@AXIAENERGY.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 1698674 | 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 type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 1634702 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 1634703 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|-------------------------|
| Permit | Directional Survey incomplete - missing profiles. NKP | 7/27/2011 4:11:57 PM |

Total: 1 comment(s)