

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



DE ET OE ES

Document Number:

1634595

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: 24320

4. Contact Name: DAVE PETERSON

2. Name of Operator: DIAMOND OPERATING, INC.

Phone: (303) 494-4420

3. Address: 6666 GUNPARK DR STE #200

Fax: (303) 494-3931

City: BOULDER State: CO Zip: 80301

5. API Number 05-121-09571-00

6. County: WASHINGTON

7. Well Name: GULLEY

Well Number: 1

8. Location: QtrQtr: SWNW Section: 21 Township: 2S Range: 53W Meridian: 6

Footage at surface: Distance: 1920 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 39.865610 As Drilled Longitude: -103.328440

GPS Data:

Date of Measurement: 09/07/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: D RUSSEL

** 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: APPALOOSA

10. Field Number: 2860

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/16/1980 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 4847 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4930 KB 4938

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:

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		0	256	200	0	256	CALC
1ST	7+7/8	5+1/2		0	5,866	150	3,952	4,866	CALC
1ST LINER	5+1/2	4+1/2		0	4,700	118	0	4,700	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	3,865		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	4,225		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	4,284		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,376		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	4,609		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	4,700		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	4,757		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: DAVID C PETERSON

Title: PRESIDENT Date: 3/11/2011 Email: DAVEP@FLATIRONENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1634596	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>					
1634595	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Took fm. tops from final report #351808 filed 12/05/1980. DST report #351802.	9/14/2011 11:35:45 AM
Engineer	Emailed Dave once again, 9/7/11.	9/7/2011 8:33:19 AM
Engineer	Emailed Dave once again, 8/17/2011	8/17/2011 9:00:12 AM
Engineer	Emailed Dave Peterson with the questions on casing depth, liner vs 2nd string, Plug back data, well bore diagram, formatioin information, 07/19/2011.	7/19/2011 1:26:46 PM

Total: 4 comment(s)