

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:

2286873

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: 10384 4. Contact Name: DAVID B. JENSEN
2. Name of Operator: GENESIS GAS & OIL COLORADO LLC Phone: (816) 222-7500
3. Address: 1701 WALNUT STREET - 4TH FL Fax: (816) 222-7501
City: KANSAS CITY State: MO Zip: 64108

5. API Number 05-103-11880-00 6. County: RIO BLANCO
7. Well Name: CALAMITY RIDGE Well Number: 14-31
8. Location: QtrQtr: LOT 7 Section: 14 Township: 1N Range: 100W Meridian: 6
Footage at surface: Distance: 2011 feet Direction: FSL Distance: 775 feet Direction: FWL
As Drilled Latitude: 40.054041 As Drilled Longitude: -108.591249

GPS Data:

Data of Measurement: 09/13/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: PAT MCLINSKEY

** 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: FLETCHER GULCH 10. Field Number: 24062

11. Federal, Indian or State Lease Number: COC065645

12. Spud Date: (when the 1st bit hit the dirt) 10/12/2011 13. Date TD: 10/20/2011 14. Date Casing Set or D&A: 10/22/2011

15. Well Classification:

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

16. Total Depth MD 3938 TVD** 17 Plug Back Total Depth MD 3889 TVD**

18. Elevations GR 6709 KB 6720

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:

AIT/TLD/CNL, CBL, CASTM, 2ND CBL

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	1,436	410	0	1,436	CALC
1ST	7+7/8	5+1/2		0	3,934	430	2,860	3,934	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	2,530	250	480	2,530
Details of work:					

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	
WILLIAMS FORK	1,440	3,482	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK COAL	3,070	3,482	<input type="checkbox"/>	<input type="checkbox"/>	
ILES	3,482		<input type="checkbox"/>	<input type="checkbox"/>	BOTTOM: TD

Comment:

FORM 5A DOC # 2286871

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

Signed: _____ Print Name: DAVID B. JENSEN

Title: EXEC. VICE PRESIDENT Date: 1/10/2012 Email: DJENSEN@GENESISGO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1672527	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>					
2286873	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req'd LAS logs. cond. csg. not used.	1/30/2012 10:43:51 AM

Total: 1 comment(s)