

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



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DRILLING COMPLETION REPORT

Document Number:
2287001

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: 77330
2. Name of Operator: SG INTERESTS I LTD
3. Address: PO BOX 26
City: MONTROSE State: CO Zip: 81402
4. Contact Name: DIANE MCCALLUM
Phone: (970) 252-0696
Fax: (970) 252-0636

5. API Number 05-051-06069-00
6. County: GUNNISON
7. Well Name: FEDERAL
Well Number: 11-90-24 #1A
8. Location: QtrQtr: SWNE Section: 24 Township: 11S Range: 90W Meridian: 6
Footage at surface: Distance: 2707 feet Direction: FNL Distance: 2117 feet Direction: FEL
As Drilled Latitude: 39.085756 As Drilled Longitude: -107.394375

GPS Data:

Date of Measurement: 09/04/2007 PDOP Reading: 1.5 GPS Instrument Operator's Name: DAVID NICEWICZ

** 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: BULL MOUNTAIN 10. Field Number: 7815

11. Federal, Indian or State Lease Number: COC 64170

12. Spud Date: (when the 1st bit hit the dirt) 01/09/2007 13. Date TD: 03/26/2007 14. Date Casing Set or D&A: 11/18/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9720 TVD** 17 Plug Back Total Depth MD 4543 TVD**

18. Elevations GR 7219 KB 7230

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:

CBL/GR/CCL, CMT VOL/GR/SP, PE-AI/GR/SP PE-DEN/POR, PE-RESTIST, PE-SPECTR GR

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	36	20		0	60	84	0	60	CALC
SURF	17+1/2	13+3/8		0	416	450	0	416	CALC
1ST	12+1/4	9+5/8		0	4,877	1,035	0	4,877	CALC
2ND	9+5/8	7		0	4,590	385	0	4,590	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,877	168	4,672	4,872
SQUEEZE	1ST	1,180	540	0	1,180

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	
CAMEO COAL	3,549		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	3,580		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	4,431		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	4,600		<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIDEWALL CORES
DAKOTA	8,536		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	8,711		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	9,240		<input type="checkbox"/>	<input type="checkbox"/>	
MAROON	9,333		<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: DIANE MCCALLUM

Title: REGULATORY COMPLIANCE Date: 1/11/2012 Email: DMCCALLUM@SGINTERESTS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2287002	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"/>
Other Attachments			
2287001	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)