

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



DE ET OE ES

Document Number:

400244316

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: 22400 4. Contact Name: Jeff Reale
 2. Name of Operator: DJ PRODUCTION SERVICES INC Phone: (303) 947-1387
 3. Address: 1273 FALCON COURT Fax: _____
 City: WINDSOR State: CO Zip: 80550

5. API Number 05-123-34589-00 6. County: WELD
 7. Well Name: Nelson Well Number: 5-22
 8. Location: QtrQtr: neww Section: 5 Township: 4n Range: 67w Meridian: 6
 Footage at surface: Distance: 1084 feet Direction: FNL Distance: 1323 feet Direction: FWL
 As Drilled Latitude: 40.346180 As Drilled Longitude: -104.919040

GPS Data:

Date of Measurement: 01/25/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: C. Vanmatre

** 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: JOHNSTOWN 10. Field Number: 42600
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/18/2011 13. Date TD: 11/23/2011 14. Date Casing Set or D&A: 11/23/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7309 TVD** _____ 17 Plug Back Total Depth MD 7261 TVD** _____

18. Elevations GR 4850 KB 4866 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, Density Neutron/ Induction

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	24#	0	555	400	0	400	VISU
1ST	7+7/8	4+1/2	11.5#	0	7,273	535	2,540	7,273	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
GREELEY SAND	2,200		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,455		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,074		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,531		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,806		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,112		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,133		<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: Jeff Reale

Title: Agent Date: _____ Email: lam53@msn.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400254115	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400254107	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400254345	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)