

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400201815

Date Received:

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: 57667
2. Name of Operator: MINERAL RESOURCES, INC.
3. Address: PO BOX 328
City: GREELEY State: CO Zip: 80632
4. Contact Name: CLAYTON DOKE
Phone: (970) 669-7411
Fax: (970) 669-4077

5. API Number 05-123-33967-00
6. County: WELD
7. Well Name: WESTFORK Well Number: 1-1-22
8. Location: QtrQtr: NWSE Section: 22 Township: 5N Range: 66W Meridian: 6
Footage at surface: Distance: 2388 feet Direction: FSL Distance: 2409 feet Direction: FEL
As Drilled Latitude: 40.384360 As Drilled Longitude: -104.764870

GPS Data:

Data of Measurement: 10/10/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: ERIN MATHEWS

** If directional footage at Top of Prod. Zone Dist.: 759 feet. Direction: FNL Dist.: 760 feet. Direction: FWL
Sec: 22 Twp: 5N Rng: 66W

** If directional footage at Bottom Hole Dist.: 680 feet. Direction: FNL Dist.: 690 feet. Direction: FWL
Sec: 22 Twp: 5N Rng: 66W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/05/2011 13. Date TD: 09/10/2011 14. Date Casing Set or D&A: 09/11/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8655 TVD** 7932 17 Plug Back Total Depth MD 8624 TVD** 7901

18. Elevations GR 4806 KB 4819

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:

GR, CCL, CBL, DIL, FDC, CNL

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	603	430	0	603	VISU
1ST	7+7/8	4+1/2	11.6	0	8,639	1,245	310	8,639	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	
PARKMAN	4,015		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,623		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,347		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,625		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,944		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,965		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,421		<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: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: _____ Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400285241	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400249928	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400284900	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400284910	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400286337	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)