

**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



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Document Number:

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Date Received:

10/22/2007

**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: 44350 4. Contact Name: PINGKAN ZAREMBA  
 2. Name of Operator: J-W OPERATING COMPANY Phone: (303) 422-4990  
 3. Address: 7074 S REVERE PKWY Fax: (303) 422-0178  
 City: CENTENNIAL State: CO Zip: 80112

5. API Number 05-081-07373-01 6. County: MOFFAT  
 7. Well Name: ACE DRAW STATE Well Number: 44-36  
 8. Location: QtrQtr: SESE Section: 36 Township: 12N Range: 97W Meridian: 6  
 Footage at surface: Distance: 935 feet Direction: FSL Distance: 656 feet Direction: FEL  
 As Drilled Latitude: 40.952175 As Drilled Longitude: -108.232058

GPS Data:  
 Date of Measurement: 03/26/2008 PDOP Reading: 2.7 GPS Instrument Operator's Name: J KRAMER

\*\* 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: WILDCAT 10. Field Number: 99999  
 11. Federal, Indian or State Lease Number: 058476

12. Spud Date: (when the 1st bit hit the dirt) 07/15/2007 13. Date TD: 09/01/2007 14. Date Casing Set or D&A: 09/05/2007

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11055 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 11016 TVD\*\* \_\_\_\_\_

18. Elevations GR 6673 KB 6689 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:  
MUD, NEU/SONIC, HOLE VOL, SONIC, IND, MICRO RS, DEN/NEU

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	24	16		0	76	0	0	76	CALC
SURF	11	8+5/8		0	1,124	323	0	1,124	CALC
1ST	8+7/8	5+1/2		0	11,055	1,444	4,800	11,055	CALC

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	
FORT UNION	4,800	8,840	<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	8,840	9,134	<input type="checkbox"/>	<input type="checkbox"/>	
FOX HILLS	9,134	9,291	<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	9,291	10,890	<input type="checkbox"/>	<input type="checkbox"/>	
ALMOND	10,890	11,055	<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: Y \_\_\_\_\_

Print Name: PINGKAN ZAREMBA \_\_\_\_\_

Title: ENG TECH \_\_\_\_\_

Date: 10/8/2007 \_\_\_\_\_

Email: PZAREMBA@JWOPERATING.COM \_\_\_\_\_

#### Attachment Check List

Att Doc Num	Document Name	attached ?
<b>Attachment Checklist</b>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)