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Document Number:
400362013

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: 100122 4. Contact Name: Mike Cleary
 2. Name of Operator: GUNNISON ENERGY CORPORATION Phone: (303) 296-4222
 3. Address: 1801 BROADWAY #1200 Fax: (303) 296-4555
 City: DENVER State: CO Zip: 80202

5. API Number 05-029-06112-00 6. County: DELTA
 7. Well Name: SPU COCKROFT 1294 Well Number: 23-41D H1R
 8. Location: QtrQtr: TR 45 Section: 23 Township: 12S Range: 94W Meridian: 6
 Footage at surface: Distance: 1184 feet Direction: FNL Distance: 1275 feet Direction: FEL
 As Drilled Latitude: 38.999318 As Drilled Longitude: -107.858864

GPS Data:
 Date of Measurement: 01/04/2013 PDOP Reading: 1.1 GPS Instrument Operator's Name: B. Baker UELS

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: 1850 feet. Direction: FNL Dist.: 228 feet. Direction: FEL
 Sec: 24 Twp: 12S Rng: 94W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: COC74442X

12. Spud Date: (when the 1st bit hit the dirt) 10/17/2012 13. Date TD: 11/08/2012 14. Date Casing Set or D&A: 11/13/2012

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

16. Total Depth MD 8132 TVD** 7502 17 Plug Back Total Depth MD 7390 TVD** 7268

18. Elevations GR 8536 KB 8560 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:

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	26	16		0	116	80	0	116	VISU
SURF	12+1/4	9+5/8	40	0	2,200	605	0	2,200	VISU

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	
ROLLINS	3,284	3,400	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	3,753	3,799	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	3,939	3,967	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,967	12,400	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well was drilled as a "redrill" of the original SPU Cockroft 1294 #23-41D H1. That well was TA, the original drill rig was released. The new hole was drilled about 15' from original hole. An unplanned sidetrack was requested due to fish in the hole at approximately 7624'. Permission was granted by Mr. David Andrews on November 13, 2012, to proceed with Sidetrack 01.

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

Signed: _____ Print Name: Patty Johnson

Title: Operations Tech Date: _____ Email: patty.johnson@oxbow.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400374830	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400374834	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400374829	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400374835	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)