

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:
1798794

Date Received:
02/05/2009

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: 51090 4. Contact Name: JIM ROUTSON
 2. Name of Operator: LONE MOUNTAIN PRODUCTION CO Phone: (406) 245-5077
 3. Address: P O BOX 80965 ATTN: JIM Fax: (406) 248-6321
 City: BILLINGS State: MT Zip: 59108-

5. API Number 05-103-10463-00 6. County: RIO BLANCO
 7. Well Name: FEDERAL Well Number: 24-13D
 8. Location: QtrQtr: SWSW Section: 24 Township: 1S Range: 104W Meridian: 6
 Footage at surface: Distance: 672 feet Direction: FSL Distance: 603 feet Direction: FWL
 As Drilled Latitude: 39.941317 As Drilled Longitude: -109.024383

GPS Data:
 Date of Measurement: 11/19/2008 PDOP Reading: 1.8 GPS Instrument Operator's Name: JOE DYK

** If directional footage at Top of Prod. Zone Dist.: 588 feet. Direction: FSL Dist.: 672 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 104W

** If directional footage at Bottom Hole Dist.: 462 feet. Direction: FSL Dist.: 769 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 104W

9. Field Name: BANTA RIDGE 10. Field Number: 5200

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/10/2008 13. Date TD: 09/02/2008 14. Date Casing Set or D&A: 09/05/2008

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

16. Total Depth MD 8472 TVD** 8463 17 Plug Back Total Depth MD 8000 TVD** 7993

18. Elevations GR 6776 KB 6787 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-FDC-CNL, SP-DIL, CBL, DIRECTIONAL, BOREHOLE PROFILE, ACOUSTIC/GR, MUD

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	18	14		0	40		0	40	
SURF	12+1/4	9+5/8		0	1,149	450	0	1,150	
1ST	7+7/8	4+1/2		1370	8,377	750	1,370	8,378	CBL

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	
WASATCH	0	3,420	<input type="checkbox"/>	<input type="checkbox"/>	BUCK TONGUE = 3420-3660
CASTLEGATE	3,660	3,909	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,909	7,879	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,879	8,182	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	8,182		<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: JAMES G ROUTSON

Title: PRESIDENT

Date: 2/3/2009

Email: JIMROUTSON@LONEMTNPROD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1300569	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)