

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:

1913678

Date Received:

08/20/2007

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

5. API Number 05-081-07347-00
6. County: MOFFAT
7. Well Name: ELLIS Well Number: 13-29
8. Location: QtrQtr: NWSW Section: 29 Township: 10N Range: 93W Meridian: 6
Footage at surface: Distance: 1802 feet Direction: FSL Distance: 588 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: GREAT DIVIDE 10. Field Number: 32750
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/15/2007 13. Date TD: 14. Date Casing Set or D&A: 07/14/2007

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

16. Total Depth MD 7872 TVD** 17 Plug Back Total Depth MD 7735 TVD**

18. Elevations GR 6790 KB 6803
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, NEUTRON LOG, DENS, SONIC AND MUD LOGS

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	40				
SURF	12+1/4	8+5/8		0	803	340	0	803	
1ST	7+7/8	5+1/2		0	7,798	372	5,600	7,798	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	4,640	<input type="checkbox"/>	<input type="checkbox"/>	LEWIS: MEASURED DEPTH: BOTTOM: TD
FORT UNION	4,800	5,570	<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	5,570	6,810	<input type="checkbox"/>	<input type="checkbox"/>	
FOX HILLS	6,810	7,000	<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	7,000		<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 A. ZAREMBA _____

Title: ENGINEERING TECH Date: 8/16/2007 Email: _____

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"/>
	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)