

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:

1938711

Date Received:

12/19/2008

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: 10200

4. Contact Name: JOHN TRABANDT

2. Name of Operator: PETROHUNTER OPERATING COMPANY

Phone: (303) 572-8900

3. Address: 1600 STOUT STREET - SUITE

Fax: (720) 889-8371

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-12612-00

6. County: GARFIELD

7. Well Name: FURR

Well Number: 15-22B

8. Location: QtrQtr: SWSE Section: 22 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 381 feet Direction: FSL Distance: 2423 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 989 feet. Direction: FSL Dist.: 1661 feet. Direction: FEL

Sec: 22 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 989 feet. Direction: FSL Dist.: 1661 feet. Direction: FEL

Sec: 22 Twp: 7S Rng: 95W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/23/2007 13. Date TD: 01/31/2007 14. Date Casing Set or D&A: 02/11/2007

15. Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9172 TVD** 9070 17 Plug Back Total Depth MD 9096 TVD** 8994

18. Elevations GR 7126 KB 7151

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:

DIL, CNL, FDL

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	20	16		0	80		0	80	
SURF	12+1/4	9+5/8		0	1,520	430	0	1,520	
1ST	7+7/8	4+1/2		1520	9,166	1,478	3,110	9,172	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 G	4,356		<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	5,187	5,483	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	5,483	7,950	<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: JOHN TRABANDT _____

Title: PERMITTING SPECIALIST Date: 8/30/2007 Email: JOHN_TRABANDT@COMCAST.NET

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)