

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 2000 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: 39.416830 As Drilled Longitude: -107.982560

GPS Data:

Data of Measurement: 06/14/2007 PDOP Reading: 6.0 GPS Instrument Operator's Name: JIM KALMON

** 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)