

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:

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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.

Completion Type [X] Final completion [] Preliminary completion

1. OGCC Operator Number: 10361 4. Contact Name: Roy Dyer
2. Name of Operator: PRAIRIE RESOURCES LLC Phone: (970) 454-3784
3. Address: 25975 HIGHWAY 14 Fax: (970) 454-3783
City: AULT State: CO Zip: 80610

5. API Number 05-123-32935-00 6. County: WELD
7. Well Name: Dyer Well Number: 15-8
8. Location: QtrQtr: SW/SE Section: 8 Township: 7N Range: 64W Meridian: 6
Footage at surface: Distance: 662 feet Direction: FSL Distance: 1956 feet Direction: FEL
As Drilled Latitude: 40.581968 As Drilled Longitude: -104.571054

GPS Data:

Data of Measurement: 11/15/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: Ben Millius

** 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: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/07/2012 13. Date TD: 12/12/2012 14. Date Casing Set or D&A: 12/14/2012

15. Well Classification:

[] Dry [X] Oil [] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

16. Total Depth MD 9170 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4949 KB 4965 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:

Open Hole Triple Combo (Halliburton)
Gamma Ray, Cement Bond, Variable Density, CCL (Nabors)

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/14/2012

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| STAGE TOOL | 1ST | 9,170 | 805 | 1,300 | 9,172 |

Details of work:

Halliburton performed Multiple Stage Cement

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 | |
| PARKMAN | 3,846 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,604 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,250 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,911 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,149 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,200 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,672 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| DAKOTA | 7,963 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ENTRADA | 8,231 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| BLAINE | 8,757 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| LYONS | 9,012 | | <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: _____ Print Name: Roy Dyer

Title: Owner Date: _____ Email: dyerequipment@aol.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"/> |
| | 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)