

**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:

1807830

Date Received:

01/11/2008

**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) 788-1570

3. Address: 1875 LAWRENCE ST ST 1400

Fax: (303) 788-1570

City: DENVER State: CO Zip: 80202

5. API Number 05-103-10941-00

6. County: RIO BLANCO

7. Well Name: HAROLD ANDERSON

Well Number: 4-21

8. Location: QtrQtr: NWNW Section: 21 Township: 1N Range: 95W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 40.045581 As Drilled Longitude: -108.063481

## GPS Data:

Data of Measurement: 09/13/2007 PDOP Reading: 6.0 GPS Instrument Operator's Name: J KIRKPARTICK

\*\* If directional footage at Top of Prod. Zone Dist.: 479 feet. Direction: FNL Dist.: 586 feet. Direction: FWL

Sec: 21 Twp: 1S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 484 feet. Direction: FNL Dist.: 604 feet. Direction: FWL

Sec: 21 Twp: 1S Rng: 95W

9. Field Name: POWELL PARK

10. Field Number: 69900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/16/2007 13. Date TD: 06/10/2007 14. Date Casing Set or D&amp;A: 06/15/2007

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10757 TVD\*\* 10740 17 Plug Back Total Depth MD 10757 TVD\*\* 10740

18. Elevations GR 6355 KB 6377

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, BHC ACOUSTILOG, SPECTRALOG, 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	24	20		0	104		0	104	
SURF	17+1/2	13+3/8		0	549	550	0	549	
1ST	12+1/4	9+5/8		0	3,148	800	0	3,148	
2ND	7+7/8	4+1/2		0	10,757	1,260	0	10,757	

### 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	2,304	<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH G	2,304	4,552	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	4,552	4,665	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,665	7,400	<input type="checkbox"/>	<input type="checkbox"/>	TOP OF GAS 7400

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: PERMIT COORDINATOR Date: 12/20/2007 Email: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1807831	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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)