

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&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 ?
Attachment Checklist		
	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

User Group	Comment	Comment Date

Total: 0 comment(s)