

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:

1978420

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  
2. Name of Operator: PETROHUNTER OPERATING COMPANY  
3. Address: 1875 LAWRENCE STREET  
City: DENVER State: CO Zip: 80202  
4. Contact Name: JOHN TRABANDT  
Phone: (303) 788-1570  
Fax: (303) 788-1570

5. API Number 05-103-10942-00  
6. County: RIO BLANCO  
7. Well Name: ANDERSON  
Well Number: 13-10  
8. Location: QtrQtr: SWSW Section: 10 Township: 1N Range: 95W Meridian: 6  
Footage at surface: Distance: 670 feet Direction: FSL Distance: 510 feet Direction: FWL  
As Drilled Latitude: 40.064367 As Drilled Longitude: -108.045500

GPS Data:

Data of Measurement: 03/23/2007 PDOP Reading: 6.0 GPS Instrument Operator's Name: J.

\*\* If directional footage at Top of Prod. Zone Dist.: 656 feet. Direction: FSL Dist.: 654 feet. Direction: FWL

Sec: 10 Twp: 1N Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 598 feet. Direction: FSL Dist.: 645 feet. Direction: FWL

Sec: 10 Twp: 1N 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) 02/24/2007 13. Date TD: 03/23/2007 14. Date Casing Set or D&A: 03/27/2007

15. Well Classification:

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

16. Total Depth MD 10840 TVD\*\* 10833 17 Plug Back Total Depth MD 10840 TVD\*\* 10833

18. Elevations GR 6187 KB 6212

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, 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	80		0	80	
SURF	17+1/2	13+3/8		0	575	550	0	575	
1ST	12+1/4	9+5/8		0	3,065	800	0	3,065	
2ND	7+7/8	4+1/2		0	10,835	1,140	0	10,835	

### 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	2,660	<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH G	2,660	4,758	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	4,758	5,013	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,013	7,515	<input type="checkbox"/>	<input type="checkbox"/>	TOP OF GAS 7515'

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: 11/12/2007 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"/>
2072880	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)