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Document Number:
400547925

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. 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: 10213 4. Contact Name: Dominic Bazile
 2. Name of Operator: DJ RESOURCES INC Phone: (303) 595-7430
 3. Address: 1600 BROADWAY #1960 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33198-00 6. County: WELD
 7. Well Name: Crow Valley 7-62-32 Well Number: 1M
 8. Location: QtrQtr: NESE Section: 32 Township: 7N Range: 62W Meridian: 6
 Footage at surface: Distance: 1390 feet Direction: FSL Distance: 2374 feet Direction: FEL
 As Drilled Latitude: 40.526801 As Drilled Longitude: -104.345257

GPS Data:
 Date of Measurement: 06/17/2011 PDOP Reading: 3.2 GPS Instrument Operator's Name: Adam Harmon

** 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: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/26/2011 13. Date TD: 06/08/2011 14. Date Casing Set or D&A: 06/10/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7609 TVD** _____ 17 Plug Back Total Depth MD 7509 TVD** _____

18. Elevations GR 4920 KB 4950 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:
Triple Combo, Sonic, CBL, 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	17+1/2	16		0	90				
SURF	12+1/4	8+5/8	32	0	758	411	0	758	CALC
1ST	7+7/8	5+1/2	20	0	7,601	900	2,530	7,601	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	
PARKMAN	3,586		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,396		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,139		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,504		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,599		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,300		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,572		<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: Erin Bibeau

Title: Regulatory Specialist Date: _____ Email: ebibeau@golder.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400548134	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400548133	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548147	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548148	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548150	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548154	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548161	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548180	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548188	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548214	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548233	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548259	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)