

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:
400595037

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: 10460 4. Contact Name: Randy Wheat
2. Name of Operator: HIGH PLAINS ENERGY LLC Phone: (720) 480-7776
3. Address: 4545 S MONACO STREET #116 Fax: (720) 920-9087
City: DENVER State: CO Zip: 80237

5. API Number 05-075-09424-00 6. County: LOGAN
7. Well Name: Dune Ridge State Well Number: 32-3
8. Location: QtrQtr: NESE Section: 32 Township: 7N Range: 52W Meridian: 6
Footage at surface: Distance: 2310 feet Direction: FSL Distance: 990 feet Direction: FEL
As Drilled Latitude: 40.529420 As Drilled Longitude: -103.202880

GPS Data:
Date of Measurement: 12/16/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Elijah Frame

** 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: DUNE RIDGE 10. Field Number: 19000
11. Federal, Indian or State Lease Number: 9254.7

12. Spud Date: (when the 1st bit hit the dirt) 03/22/2014 13. Date TD: 03/29/2014 14. Date Casing Set or D&A: 03/23/2014

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

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

18. Elevations GR 4121 KB 4129 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:
High Resolution Induction
GuardLog-SP
Gamma Ray
Compensated Density
Compensated Neutron
CBL

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
SURF	12+1/4	8+5/8	24	0	670	450	0	670	VISU
1ST	7+7/8	5+1/2	15	0	4,676	250	4,150	4,686	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	
NIOBRARA	3,680		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	4,000		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	4,042		<input type="checkbox"/>	<input type="checkbox"/>	
X BENTONITE	4,330		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	4,408		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	4,500		<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: Randy Wheat

Title: Manager Date: _____ Email: randy@highplainsenergyllc.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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400595052	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400595054	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400595056	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400595058	LAS-	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)