

FORM 5

Rev 09/14

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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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

OGCC Operator Number: 10515 Contact Name: Mike Cleary
Name of Operator: GUNNISON ENERGY LLC Phone: (303) 296-4222
Address: 1801 BROADWAY #1200 Fax: (303) 296-4555
City: DENVER State: CO Zip: 80202

API Number 05-051-06124-00 County: GUNNISON
Well Name: DGU Federal 1289 Well Number: 18-CS2
Location: QtrQtr: SENW Section: 18 Township: 12S Range: 89W Meridian: 6
Footage at surface: Distance: 1606 feet Direction: FNL Distance: 2572 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data: Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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:

Field Name: WEST MUDDY CREEK Field Number: 91970
Federal, Indian or State Lease Number: COC65106

Spud Date: (when the 1st bit hit the dirt) 08/24/2014 Date TD: 08/29/2014 Date Casing Set or D&A: 08/30/2014
Rig Release Date: 08/31/2014 *for Multi-Well Location ONLY

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

Total Depth MD 4310 TVD** 3091 Plug Back Total Depth MD TVD**

Elevations GR 7331 KB 7346 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run: Following logs were run from DGU Hotchkiss Federal 18 H1 well: CBL, Caliper, Compensated Neutron, Compensated Density, Compact Micro-Imager

Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include CONDUCTOR, SURF, and 2ND.

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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
CAMEO COAL	4,001	4,122			
ROLLINS	4,159	4,310			

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Patty Johnson

Title: Operations Tech Date: _____ Email: patty.johnson@oxbow.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400694073	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400694311	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400694312	DIRECTIONAL DATA	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)