

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.

Document Number:
400707392

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10503 Contact Name: Angie Galvan
 Name of Operator: RED HAWK PETROLEUM LLC Phone: (281) 716-5730
 Address: 4125 BLACKHAWK PLAZA CIRCLE SUITE 201A Fax: (281) 815-2882
 City: DANVILLE State: CA Zip: 94506

API Number 05-123-39929-00 County: WELD
 Well Name: Loomis Well Number: 2-6H
 Location: QtrQtr: SESW Section: 2 Township: 7N Range: 60W Meridian: 6
 Footage at surface: Distance: 250 feet Direction: FSL Distance: 1866 feet Direction: FWL
 As Drilled Latitude: 40.597740 As Drilled Longitude: -104.062420

GPS Data:
 Date of Measurement: 10/17/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Marc Woodard

** If directional footage at Top of Prod. Zone Dist.: 260 feet. Direction: FSL Dist.: 2370 feet. Direction: FWL
 Sec: 2 Twp: 7N Rng: 60W
 ** If directional footage at Bottom Hole Dist.: 316 feet. Direction: FNL Dist.: 2382 feet. Direction: FWL
 Sec: 2 Twp: 7N Rng: 60W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/19/2014 Date TD: 09/30/2014 Date Casing Set or D&A: 10/02/2014
 Rig Release Date: 10/02/2014 Per Rule 308A.b.

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

Total Depth MD 11335 TVD** 6297 Plug Back Total Depth MD 11335 TVD** 6297
 Elevations GR 4950 KB 4966 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,491	1,050	0	1,491	VISU
1ST	8+3/4	7	26	0	6,631	665	0	6,631	VISU
1ST LINER	6+1/8	4+1/2	11.6	6439	11,325	0			

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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,240	11,335	NO	NO	

Comment:

The logs run on the Loomis 2-1H have been submitted to the COGCC as of 10/23/2014.

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

Signed: _____

Print Name: Angie Galvan

Title: Regulatory Analyst

Date: _____

Email: angie.galvan@stxra.com

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"/>
400707430	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"/>
<u>Other Attachments</u>			
400714118	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714123	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)