

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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Document Number:
400852284

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: 36200 Contact Name: Gene Webb
 Name of Operator: GRYNBERG* JACK DBA GRYNBERG PETROLEUM Phone: (303) 850-7490
 Address: 3600 S. YOSEMITE ST - STE 900 Fax: (303) 850-7498
 City: DENVER State: CO Zip: 80237-

API Number 05-081-07427-00 County: MOFFAT
 Well Name: HIAWATHA DEEP Well Number: 4-36
 Location: QtrQtr: SWSW Section: 36 Township: 12N Range: 101W Meridian: 6
 Footage at surface: Distance: 707 feet Direction: FSL Distance: 633 feet Direction: FWL
 As Drilled Latitude: 40.951410 As Drilled Longitude: -108.703640

GPS Data:
 Date of Measurement: 06/06/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Chris Boub

** 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: SUGAR LOAF Field Number: 80000
 Federal, Indian or State Lease Number: 7868-3

Spud Date: (when the 1st bit hit the dirt) 12/19/2008 Date TD: 05/28/2009 Date Casing Set or D&A: 05/30/2009
 Rig Release Date: 05/30/2009 Per Rule 308A.b.

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

Total Depth MD 14501 TVD** _____ Plug Back Total Depth MD 7895 TVD** _____

Elevations GR 6900 KB 6921 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 Combo Electric Log

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
CONDUCTOR	30	20	40	0	60				
SURF	17+1/2	13	54.5	0	526	301		526	
1ST	8+5/8	7	35	0	14,420	478	5,712	14,420	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:

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	
MESAVERDE	6,360	7,752			Shut In
BAXTER	7,752	13,180			Baxter - Temporarily Abandoned
FRONTIER	13,180	13,876			Frontier - Abandoned
MORRISON	13,876	14,220			Morrison - Abandoned
NUGGET SANDSTONE	14,220	14,380			Nugget - Abandoned

Comment:

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

Signed: _____ Print Name: Janni Keidel

Title: Ops/Regulatory Specialist Date: _____ Email: j.keidel@grynberg.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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400852284	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400852712	OPERATIONS SUMMARY	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)