

State of Colorado  
Oil and Gas Conservation Commission  
DEPARTMENT OF NATURAL RESOURCES

FOR OGCC USE ONLY

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# DRILLING COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report). If the well has been plugged, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: 51820	4. Contact Name & Phone
2. Name of Operator: Lyco Energy Corp.	Dirk Olsen
3. Address: 300 E. 16th St., Suite 216	No: 970-353-8055
City Greeley State: CO Zip: 80631	Fax: 970-353-8062
5. API Number: 05-123-19473	6. County: Weld
7. Well Name: Danley	Number: 12-28
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW1/4 Sec. 28, T6N, R64W	
Footage at Surface: 1980' FAULT & 657' FWSL	9. Was a directional survey run? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If directional, footage at Top of Prod. Zone: n/a	
If directional, footage at Bottom Hole: n/a	
10. Field Name: Wattenberg	Field Number: 90150
11. Federal, Indian or State lease number: n/a	
12. Spud Date 3/13/98	13. Date TD Reached 3/17/98
16. Total Depth MD 7130 TVD 7130	17. Plug Back Total Depth MD 7100 TVD 7100
18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. Elevations GR 4698 KB 4707
** A copy of all electric and mud log runs must be submitted.	
20. List Electric Logs Run: Cement bond log, Dual Induction & Compensated Density	

Complete the

## Attachment Checklist

Oper	OGCC
Electric Logs (1 full set required)	<input checked="" type="checkbox"/>
Casing Cement Job Summaries	<input checked="" type="checkbox"/>
Directional Survey	<input type="checkbox"/>
Geologic Report	<input type="checkbox"/>
Mud Log	<input type="checkbox"/>
DST Report	<input type="checkbox"/>
Core Analysis	<input type="checkbox"/>
Other	<input type="checkbox"/>

15. Well Classification

<input type="checkbox"/>	Dry	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Coaled
<input type="checkbox"/>	Stratigraphic <input type="checkbox"/> Disposal						
<input type="checkbox"/>	Enhanced Recovery						
<input type="checkbox"/>	Gas Storage <input type="checkbox"/> Observation						
<input type="checkbox"/>	Other: <input type="checkbox"/>						

## CASING, LINER and CEMENT

21.

Submit contractor's cement job summary for each string cemented

[illegible]

## FORMATION LOG INTERVALS and TEST ZONES

22

[illegible]

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

Print Name Dirk Olsen

Signed

Title: Dist. Prod. Superintendent

Date:

5/20/98