



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



FOR OGCC USE ONLY

SEP 25 1998

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 a Form 6 (Well Abandonment Report.)

ET	OE	PR	ES
			<i>RVD</i>

1. OGCC Operator Number: <i>41385</i>		4. Contact Name & Phone		Complete the Attachment Checklist Oper <input type="checkbox"/> OGCC <input type="checkbox"/>	
2. Name of Operator: <i>HS Resources, Inc.</i>		<i>Elaine Rivas</i>			
3. Address: <i>3939 Carson Avenue</i>		No: <i>970-330-0614</i>			
City: <i>Evans</i>	State: <i>CO</i>	Zip: <i>80620</i>	Fax: <i>970-330-0431</i>	Electric Logs (1 full set required) <input checked="" type="checkbox"/>	
5. API Number: <i>05-001-9374</i>		6. County: <i>Adams</i>		Casing Cement Job Summaries	
7. Well Name: <i>HSR-Burchfield</i>		Number: <i>7-10</i>		Directional Survey	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <i>SWNE Sec 10-T3S-R60W 6th P.M.</i>		9. Was a directional survey run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Geologic Report <input checked="" type="checkbox"/>	
Footage at Surface: <i>2000' FNL & 2000' FEL</i>		If directional, footage at Top of Prod. Zone: <i>same</i>		Mud Log	
If directional, footage at Bottom Hole: <i>same</i>		10. Field Name: <i>Wildflower</i>		DST Report <input checked="" type="checkbox"/>	
		Field Number: <i>92895</i>		Core Analysis	
11. Federal, Indian or State Lease Number:		12. Spud Date: <i>04/11/98</i>		13. Date TD Reached: <i>04/17/98</i>	
		14. Date Completed or D&A: <i>06/09/98</i>		15. Well Classification	
16. Total depth		17. Plug Back Total depth		<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Coalbed	
MD <i>6540'</i>	TVD	MD <i>6500'</i>	TVD	<input type="checkbox"/> Stratigraphic <input type="checkbox"/> Disposal	
18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Elevations		Enhanced Recovery	
** A copy of all electric and mud log runs must be submitted.		GR <i>5006'</i>	KB <i>5017'</i>	<input type="checkbox"/> Gas Storage <input type="checkbox"/> Observation	
20. List Electric Logs Run:		<i>CDCNM, DIGLGR, BSGR, CBL</i>			

CASING, LINER and CEMENT

21. Submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No of Sacks	Cement Interval		Identify Method	
							Top	Bottom	Calc	CBL
Surface	<i>12-1/4"</i>	<i>8-5/8"</i>	<i>24#</i>	<i>surface</i>	<i>615'</i>	<i>430</i>	<i>surface</i>	<i>615'</i>	<i>circ</i>	
1st	<i>7-7/8"</i>	<i>4-1/2"</i>	<i>11.6#</i>	<i>surface</i>	<i>6532'</i>	<i>270</i>	<i>5100'</i>	<i>6532'</i>		<i>x</i>
Stage Cement										
2nd										
Stage Cement										
3rd										
Stage Cement										
1st Liner										
2nd Liner										

FORMATION LOG INTERVALS and TEST ZONES

22. *** All DST and Core analysis must be submitted to COGCC. ***

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
<i>Sussex</i>					
<i>Shannon</i>					
<i>Niobrara</i>	<i>5540'</i>				
<i>Fort Hays</i>	<i>5906'</i>				
<i>Codell</i>					
<i>D Sand</i>	<i>6334'</i>		<i>X</i>		
<i>J Sand</i>	<i>6405'</i>				
<i>Dakota</i>					
<i>TD</i>	<i>6540'</i>				

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

Print Na *Elaine Rivas*

Signed *Elaine Rivas*

Title: *Operations Technician*

Date: *09/23/98*