

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



FOR OGCC USE ONLY
RECEIVED
DEC 29 1997
COLO. OIL & GAS CONS. COMM

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

1. OGCC Operator Number:		4. Contact Name & Phone	
2. Name of Operator: <i>P & M Petroleum Management, L.L.C.</i>		<i>Don Johnson</i>	
3. Address: <i>1600 Broadway, Suite 1700</i>		No: <i>303-860-7510</i>	
City: <i>Denver</i>	State: <i>Colorado</i>	Zip: <i>80202</i>	Fax: <i>303-860-7510</i>
5. API Number: <i>05-081-5390-7 6938</i>	6. County: <i>Moffat</i>		
7. Well Name: <i>Shaffers Draw</i>		Number: <i>#1X</i>	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <i>SESE S27-T9N-R96W</i>			
Footage at Surface: <i>801' FSL & 1013' FEL</i>		9. Was a directional survey run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If directional, footage at Top of Prod. Zone:			
If directional, footage at Bottom Hole:			
10. Field Name: <i>Wildcat</i>		Field Number: <i>9999999</i>	
11. Federal, Indian or State Lease Number: <i>COC-45947</i>			
12. Spud Date: <i>10-10-97</i>	13. Date TD Reached: <i>11-16-97</i>	14. Date Completed or D&A:	
16. Total depth MD <i>9722'</i> TVD <i>same</i>		16. Total depth MD <i>X</i> TVD <i>X</i>	
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Elevations GR <i>6098'</i> KB <i>6114'</i>	
** A copy of all electric and mud log runs must be submitted.			
20. List Electric Logs Run: <i>DI - FL / GR; CNL - CDL / GR; (Sonic w / GR); CBL</i>			

Complete the Attachment Checklist

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

Well Classification

Dry Oil Gas Coalbed

Stratigraphic Disposal

Enhanced Recovery

Gas Storage Observation

Other:



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	12 1/4	8 5/8"	24.0	surface	N.A	825	surface	1062	X	
1st	7 7/8"	4 1/2"	11.6	surface		1790	surface	8496		X
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>Wasatch</i>	<i>surface</i>				
<i>Fort Union</i>	<i>4750</i>				
<i>Lance</i>	<i>8040</i>				
<i>Foxhills</i>	<i>8480</i>				
<i>Lewis</i>	<i>8590</i>				
<i>Upper Lewis</i>	<i>8640</i>				
<i>Middle Lewis</i>	<i>8918</i>				
<i>Lower Lewis</i>	<i>9520</i>				

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

Print Name *D.M.(Don) Johnson*
Signed *[Signature]* Title: *Manager of Operations* Date: *12 - 23 - 97*