

**FORM**  
**5**Rev  
02/08**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:

1705813

Date Received:

10/01/2008

**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

1. OGCC Operator Number: 10132

4. Contact Name: ROBERT BEHNER

2. Name of Operator: GENESIS GAS &amp; OIL LLC

Phone: (816) 222-7500

3. Address: 106 W 14TH ST 7TH FLR AT

Fax: (816) 222-7501

City: KANSAS CITY State: KS Zip: 64105

5. API Number 05-103-10894-00

6. County: RIO BLANCO

7. Well Name: FLETCHER GULCH

Well Number: 3-21

8. Location: QtrQtr: LOT 9 Section: 3 Township: 1N Range: 100W Meridian: 6

Footage at surface: Distance: 1995 feet Direction: FNL Distance: 1015 feet Direction: FWL

As Drilled Latitude: 40.086559 As Drilled Longitude: -108.609139

## GPS Data:

Data of Measurement: 07/20/2008 PDOP Reading: 2.6 GPS Instrument Operator's Name: CHRIS HAMILTON

\*\* 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:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC61170

12. Spud Date: (when the 1st bit hit the dirt) 06/11/2008 13. Date TD: 06/23/2008 14. Date Casing Set or D&amp;A: 06/25/2008

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2555 TVD\*\* 17 Plug Back Total Depth MD 2513 TVD\*\*

18. Elevations GR 6515 KB 6526

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

AIT/TLD/CNL, MUD

## 20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	14		0	40		0	40	CALC
SURF	11	8+5/8		0	619	175	0	626	CALC
1ST	7+7/8	5+1/2		0	2,529	340	0	2,555	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:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
ILES			<input type="checkbox"/>	<input type="checkbox"/>	"NOT PEN."
WILLIAMS FORK	400	2,555	<input type="checkbox"/>	<input type="checkbox"/>	TD

Comment:

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

Signed: Y Print Name: DAVID JENSENTitle: EXEC. V.P. Date: 9/26/2008 Email: DJENSEN@GENESISGO.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"/>
	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"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)