

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



DE ET OE ES

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
2. Name of Operator: GENESIS GAS & OIL LLC
3. Address: 106 W 14TH ST 7TH FLR AT
City: KANSAS CITY State: KS Zip: 64105
4. Contact Name: ROBERT BEHNER
Phone: (816) 222-7500
Fax: (816) 222-7501

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&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 JENSEN _____

Title: 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)