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

DRILLING COMPLETION REPORT

Document Number: 1914601

Date Received: 09/20/2007

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: 10182
2. Name of Operator: ASPEN OPERATING LLC
3. Address: 2040 W HAMILTON PL ATTN:
   City: SHERIDAN   State: CO   Zip: 80110

4. Contact Name: MIKE MAYERS
   Phone: (303) 761-4770
   Fax: (303) 761-4778

5. API Number   05-029-06101-00
6. County: DELTA
7. Well Name: HAMILTON   Well Number: 32-4
8. Location: QtrQtr: SESW   Section: 32   Township: 13S   Range: 95W   Meridian: 6
   Footage at surface: Distance: 918 feet   Direction: FSL   Distance: 2263 feet   Direction: FWL
   As Drilled Latitude: _____   As Drilled Longitude: _____

GPS Data:
   Data of Measurement: _____   PDOP Reading: _____   GPS Instrument Operator's Name: _____

   ** 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: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/20/2006   13. Date TD: 10/31/2006   14. Date Casing Set or D&A: 10/30/2006

15. Well Classification:
   ☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth   MD 3055   TVD** _____   17 Plug Back Total Depth   MD _____   TVD** _____

18. Elevations   GR 5867   KB 5873 | 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:
GR, CCL

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		12+1/2		0	156				
SURF	10	8+5/8		0	350		0	362	
1ST		5+1/2	17	0	3,004	150	780	3,006	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	
MANCOS	0	3,008	☐	☐	ASPEN SHALE: MEASURED DEPTH: TOP: 3008; BOTTOM:3014.
ASPEN SH	3,008	3,014	☐	☐	3014.
DAKOTA	3,014		☐	☐	

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 TADKEN

Title: ACCOUNTS PAYABLE   Date: 8/16/2007   Email: DAVID@ASPENDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)