

Document Number:
400973806

Date Received:

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

OGCC Operator Number: 10357 Contact Name: Cliff Nolte
 Name of Operator: NOLTE LLC* C J Phone: (303) 4207971
 Address: 8713 GARRISON COURT Fax: _____
 City: ARVADA State: CO Zip: 80005

API Number 05-073-06442-00 County: LINCOLN
 Well Name: COTTONWOOD GRAZING Well Number: 1-22
 Location: QtrQtr: NESW Section: 22 Township: 12S Range: 52W Meridian: 6
 Footage at surface: Distance: 2000 feet Direction: FSL Distance: 1340 feet Direction: FWL
 As Drilled Latitude: 38.985530 As Drilled Longitude: -103.213750

GPS Data:
 Date of Measurement: 11/23/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: Keith Westfall

** 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: _____

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/28/2011 Date TD: 02/03/2011 Date Casing Set or D&A: 02/03/2011
 Rig Release Date: 02/20/2011 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6590 TVD** _____ Plug Back Total Depth MD _____ TVD** _____
 Elevations GR 4856 KB 4866 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Dual Induction Gamma Ray Guard Logs, Compensated Density, Compensated Neutron Gamma Ray

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	17+1/4	8+5/8		0	437	410	0	437	VISU
OPEN HOLE	7+7/8			437	6,590				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	6,214	40	6,114	6,214
	OPEN HOLE	3,400	40	3,300	3,400
	OPEN HOLE	2,700	40	2,600	2,700
	SURF	360	50	260	360

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	1,745				
CODELL	2,346				
DAKOTA	2,746				
STONE CORRAL	4,136				
VIRGIL	4,820				
MARMATON	5,725				
FORT SCOTT	5,812				
CHEROKEE	5,860				Oil shows and SF in both A&B Zones
MORROW	6,396		YES		Tight, No fluid recovery

Comment:

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

Signed: _____

Print Name: Travis George

Title: _____

Date: _____

Email: travis.george@state.co.us

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"/>
<u>Other Attachments</u>		
401044798	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)