


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2071280</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>76840</u>		4. Contact Name: <u>JEFF SCHNEIDER</u>					
2. Name of Operator: <u>SCHNEIDER ENERGY SERVICES INC</u>		Phone: <u>(970) 867-9437</u>					
3. Address: <u>P O BOX 297</u>		Fax: <u>(970) 867-9137</u>					
City: <u>FORT MORGAN</u>	State: <u>CO</u>	Zip: <u>80701</u>					
5. API Number <u>05-075-09356-00</u>		6. County: <u>LOGAN</u>					
7. Well Name: <u>GIACOMINI</u>		Well Number: <u>1</u>					
8. Location:    QtrQtr: <u>SENE</u> Section: <u>29</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>1980</u> feet    Direction: <u>FNL</u>		Distance: <u>600</u> feet    Direction: <u>FEL</u>					
As Drilled Latitude: <u>40.725847</u>		As Drilled Longitude: <u>-103.192212</u>					
GPS Data:							
Data of Measurement: <u>09/10/2010</u>		PDOP Reading: <u>2.1</u> GPS Instrument Operator's Name: <u>DARREN VEAL</u>					
** 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: <u>WILDCAT</u>		10. Field Number: <u>99999</u>					
11. Federal, Indian or State Lease Number:    _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>07/05/2008</u> 13. Date TD: <u>07/12/2008</u> 14. Date Casing Set or D&A:    _____							
15. Well Classification:							
<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD <u>4794</u> TVD**    _____		17 Plug Back Total Depth    MD <u>4794</u> TVD**    _____					
18. Elevations    GR <u>3980</u> KB <u>3990</u>		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:							
<div style="border: 1px solid black; padding: 2px;">COMPENSATED DENSITY, COMPENSATED NEUTRON, DUEL INDUCTION GAMMA RAY CCL, CEMENT BOND VDL.</div>							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	612	230		612	CALC
ADDITIONAL CEMENT									
Cement work date: _____									
Details of work: _____									
_____									
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom				

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	
J SAND			<input type="checkbox"/>	<input type="checkbox"/>	
Comment: _____					
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.					
Signed: _____		Print Name: KIRK WILLIAMS			
Title: WSS		Date: 9/14/2010		Email: K.WILLIAMS@SCHNEIDERENERGY.COM	

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2071281	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
2071279	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
2071280	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2071282	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	req digital logs	1/24/2011 11:45:45 AM

Total: 1 comment(s)