


<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:  2592515	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:    24461		4. Contact Name:    BILL WARBURTON					
2. Name of Operator:    DIVERSIFIED OPERATING CORPORATION		Phone:    (303) 384-9611					
3. Address:    15000 W 6TH AVE STE 102		Fax:    (303) 384-9612					
City:    GOLDEN	State:    CO	Zip:    80401					
5. API Number    05-123-31745-00		6. County:    WELD					
7. Well Name:    ENDERSON		Well Number:    31-14					
8. Location:    QtrQtr:    SESW    Section:    31    Township:    12N    Range:    59W    Meridian:    6							
Footage at surface:    Distance:    622    feet    Direction:    FSL    Distance:    1400    feet    Direction:    FWL							
As Drilled Latitude:    40.960740	As Drilled Longitude:    -104.024069						
GPS Data:							
Data of Measurement:    12/17/2010    PDOP Reading:    1.6    GPS Instrument Operator's Name:    BOB MCCORMICK							
** 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)    09/22/2010    13. Date TD:    10/04/2010    14. Date Casing Set or D&A:    10/06/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" 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    9480    TVD**		17 Plug Back Total Depth    MD    7752    TVD**					
18. Elevations    GR    5420    KB    5436		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:							
CBL, IND/DEN/NEU							

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
CONDUCTOR	12+1/4	8+5/8		0	691	250	0	691	CALC
SURF	7+7/8	5+1/2		0	7,770	250	6,350	6,980	CBL

### 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	
NIOBRARA	6,649	6,930	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,420	7,430	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,510	7,600	<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: BILL WARBURTON

Title: PETROLEUM ENGINEER Date: 1/3/2011 Email: WLW@DOCCOLO.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"/>
<u>Other Attachments</u>					
2592515	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	PER BILL WARBURTON @DOC THIS WELL IS A TURNKEY DRILLING PROJECT WITH EXCEL DRILLING, DOC DID NOT PAY FOR THE SURFACE CEMENT JOB AND DOES NOT HAVE ANY TICKETS.	6/16/2011 8:17:31 AM
Permit	REQ DIGITAL CBL AND CMT TKT	6/15/2011 3:19:47 PM

Total: 2 comment(s)