

FORM
5Rev
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:

400143861

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

1. OGCC Operator Number: 57667

4. Contact Name: CLAYTON DOKE

2. Name of Operator: MINERAL RESOURCES, INC.

Phone: (970) 669-7411

3. Address: PO BOX 328

Fax: (970) 669-4077

City: GREELEY State: CO Zip: 80632

5. API Number 05-123-25284-00

6. County: WELD

7. Well Name: VETTING

Well Number: 2

8. Location: QtrQtr: NENW Section: 23 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 1151 feet Direction: FNL Distance: 1585 feet Direction: FWL

As Drilled Latitude: 40.388750 As Drilled Longitude: -104.634220

GPS Data:

Date of Measurement: 03/17/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: ADAM KELLY

** If directional footage at Top of Prod. Zone Dist.: 649 feet. Direction: FNL Dist.: 1985 feet. Direction: FWL

Sec: 23 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 644 feet. Direction: FNL Dist.: 1992 feet. Direction: FWL

Sec: 23 Twp: 5N Rng: 65W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/16/2008 13. Date TD: 11/11/2008 14. Date Casing Set or D&A: 11/12/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7195 TVD** 7131 17 Plug Back Total Depth MD 7176 TVD** 7112

18. Elevations GR 4630 KB 4642

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, CBL, FDC, CNL, DIL

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
SURF	12+1/4	8+5/8	24	0	486	217	0	486	VISU
1ST	7+7/8	4+1/2	11.6	0	7,178	160	0	6,238	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref 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	
PARKMAN	3,562		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,274		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,723		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,002		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,025		<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: <u>CLAYTON DOKE</u>
Title: <u>PETROELUM ENGINEER</u>	Date: _____ Email: <u>cdoke@petersonenergy.com</u>

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400243978	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400143866	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400143867	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400284921	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400284925	DIRECTIONAL DATA	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)