



FOR OGCC USE ONLY

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COGCC

DRILLING COMPLETION REPORT

01423240

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: <u>10088</u> 2. Name of Operator: <u>Pelican Hill Oil & Gas, Inc.</u> 3. Address: <u>1401 N. El Camino Real, Ste. 207</u> City: <u>San Clemente</u> State: <u>CA</u> Zip: <u>92672</u>		4. Contact Name and Telephone <hr/> No: <u>949-498-2101</u> Fax: <u>949-498-2132</u>	
5. API Number: <u>05-017-07625-00</u>		6. County: <u>Cheyenne</u>	
7. Well Name: <u>McKean</u>		Well Number: <u>1-20</u>	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENW/4, Sec. 20 - 12S - 44w - 6th</u> Footage at Surface: <u>440' FNL, 1505' FWL</u>			
9. Was a directional survey run? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If directional, footage at Top of Prod. Zone: _____ If directional, footage at Bottom Hole: _____			
10. Field Name: <u>Fever Pitch</u>		10. Field Number: <u>23895</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date <u>5/6/05</u>		13. Date TD <u>5/16/05</u>	
14. Date Completed or D&A <u>5/24/05</u>			
16. Total Depth MD _____ TVD <u>5601'</u>		17. Plug Back Total MD _____ TVD <u>5598'</u>	
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ** One copy of all electric and mud logs must be submitted.**		19. Elevations <u>GR 4383'</u> <u>KB 4393'</u>	
20. List Electric Logs Run: <u>Dual-Compensated Porosity, Dual-Induction, Bond Log</u>			

Complete the Attachment Checklist

Oper OGCC

Survey Plat	
Directional Survey	
Surface Equipment	
Technical Info Page	
Other	<input checked="" type="checkbox"/>

15 Well Classification

☐ Dry ☐ Oil ☒ Gas
☐ Coalbed
☐ Stratigraphic ☐ Disposal
☐ Enhanced Recovery
☐ Gas Storage ☐ Observation
☐ Other: _____

21.

CASING, LINER and CEMENT

Submit contractor's cement job summary for each string cemented

Submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Cement Interval		Identify Method		
							Top	Bottom	CBL	Calc	
Surf	12 1/4"	8 5/8"	28	0'	417'	290	0'	417'	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10X	7 7/8"	5 1/2"	15.5	0'	5601'	600	4500	527'	5601'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

22.

FORMATION LOG INTERVALS and TEST ZONES

[illegible]

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

Print Name: Allen J. Gross

Signed:

Title: President

Date: 7/25/05