

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax: (303)



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COGCC

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).

Complete the
Attachment Checklist
Oper OGCC

1. OGCC Operator Number: <u>10088</u>		4. Contact Name and Telephone	
2. Name of Operator: <u>Pelican Hill Oil & Gas, Inc.</u>		No: <u>949-498-2101</u>	
3. Address: <u>1401 N. El Camino Real, Ste. 207</u>		Fax: <u>949-498-2132</u>	
City: <u>San Clemente</u> State: <u>CA</u> Zip: <u>92672</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 (Qtr, 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 _____		17. Plug Back Total MD _____	
TVD <u>5601'</u>		TVD <u>5598'</u>	
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Elevations	
** One copy of all electric and mud logs must be submitted.**		GR <u>4383'</u> KB <u>4393'</u>	
20. List Electric Logs Run: <u>Dual-Compensated Porosity, Dual-Induction, Bond Log</u>			

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

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"/>
10A	7 7/8"	5 1/2"	15.5	0'	5601'	600	4500'	427'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>

22. **FORMATION LOG INTERVALS and TEST ZONES**

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
Morrow Sand	5365'	5491'	<input type="checkbox"/>	<input type="checkbox"/>	
Mississippi	5534'	5538'	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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: Allen J. Gross

Title: President

Date: 7/25/05