

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400100814

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: 10267 4. Contact Name: Mathew Goolsby
 2. Name of Operator: VECTA OIL & GAS LTD Phone: (303) 618-7736
 3. Address: 5920 CEDAR SPRINGS ROAD - STE 200 Fax: (303) 945-2869
 City: DALLAS State: TX Zip: 75235

5. API Number 05-017-07691-00 6. County: CHEYENNE
 7. Well Name: SHAVANO Well Number: 43-35
 8. Location: QtrQtr: NESE Section: 35 Township: 13S Range: 46W Meridian: 6
 Footage at surface: Direction: FSL Distance: 2023 Direction: FEL Distance: 868
 As Drilled Latitude: 38.873710 As Drilled Longitude: -102.521960

GPS Data:

Data of Measurement: 07/14/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Greg J. Pettibone

** If directional footage

at Top of Prod. Zone Distance: 0 Direction: FSL Distance: 0 Direction: FEL
 Sec: 0 Twp: 0 Rng: 0
 at Bottom Hole Distance: 0 Direction: FSL Distance: 0 Direction: FEL
 Sec: 0 Twp: 0 Rng: 0

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: N/A

12. Spud Date: (when the 1st bit hit the dirt) 01/08/2010 13. Date TD: 01/22/2010 14. Date Casing Set or D&A: 01/24/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5760 TVD 5760 17 Plug Back Total Depth MD 5745 TVD 5745

18. Elevations GR 4427 KB 4438

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:

(Schlumberger) PEX-AIT, Sonic Scanner
(Peak Wireline) CBL w/ GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	413	285	413	0
S.C. 1.1	7+7/8	5+1/2	15.5	5,749	260	5,749	4,160

ADDITIONAL CEMENT

Cement work date: 01/23/2010

Details of work:

After 1st stage, open DV Tool, circulated through tool 4 hours.
 Preflushed with 20 bbl water. Pumped 540 sks Lite, displaced w/ 79 bbl water. Bumped plug.
 Cement returns to surface exceeded 50 bbl.
 Put 10 sks rathole, 10 sks mousehole.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,218	540	0	3,218

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	760		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,174	2,304	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,216	3,246	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,498		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,856		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,335	5,482	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #1, log depths 5407 - 5449, recovered 42.6 feet. Core recovered all shale. No analysis performed.
KEYES	5,482		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,500	5,592	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,592		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,690		<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: Mathew Goolsby

Title: VP-Operations Date: _____ Email: matgoalsby@vecta-denver.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400101119	PDF-CBL 1ST RUN	05017073910000_Shavano 43-35_CBL.pdf
400101120	PDF-MUD	05017073910000_Shavano 43-35_Geolog.pdf
400101121	PDF-MICROLOG	05017076910000_Shavano_43-35_MicroLog.PDF
400101122	PDF-TRIPLE COMBINATION	05017076910000_Shavano_43-35_TCombo.PDF
400101123	LAS-PLATFORM EXPRESS	05017076910000_Shavano_43-35_PEx-AIT_Main.las
400101124	CMT SUMMARY	05017076910000_Shavano_43-35_form5_cement sum all.PDF
400101125	OTHER	05017076910000_Shavano 43-35_Core Field Rpt.pdf

Total Attach: 7 Files