

FORM
5Rev
02/08State 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:

400122418

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) 945-2860
3. Address: 5920 CEDAR SPRINGS ROAD - STE 200 Fax: (303) 945-2869
City: DALLAS State: TX Zip: 75235

5. API Number 05-017-07699-00 6. County: CHEYENNE
7. Well Name: TORREYS Well Number: 44-33
8. Location: QtrQtr: SESE Section: 33 Township: 13S Range: 47W Meridian: 6
Footage at surface: Distance: 645 feet Direction: FSL Distance: 646 feet Direction: FEL
As Drilled Latitude: 38.868510 As Drilled Longitude: -102.669320

GPS Data:

Data of Measurement: 01/12/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Sally Pettibone

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ 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) 12/19/2010 13. Date TD: 01/07/2011 14. Date Casing Set or D&A: 01/09/2011

15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 5535 TVD _____ 17 Plug Back Total Depth MD 5535 TVD _____18. Elevations GR 4305 KB 4316

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:

PEX-AIT w/ ML, FMI, Sonic Scanner

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	418	250	0	418	VISU

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	565		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,727		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,055		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,801		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,051	3,085	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,093		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,278		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,332		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,686		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	4,755		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #1, log depth 4751-4771. Rec 295' W
FORT SCOTT	4,783		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,830		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,032		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,160		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DST #2, log depth 5231-5271. 248' OWCM, 2066' MSW. Core #1 log depth 5219-5271. Core #2 log depth 5271-5286.
MORROW-KEYES	5,352		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,359		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,386		<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: matgoolsby@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
400127972	LAS-COMBINATION OPEN HOLE
400127977	PDF-MUD
400127980	PDF-CALIPER
400127983	PDF-MICROLOG
400127987	PDF-DENSITY/NEUTRON
400127992	PDF-INDUCTION
400127995	PDF-TRIPLE COMBINATION
400128001	CEMENT JOB SUMMARY
400128003	DST ANALYSIS
400128005	DST ANALYSIS
400128007	WELL LOCATION PLAT
400128016	CORE ANALYSIS
400128019	CORE ANALYSIS
400128021	CORE ANALYSIS
400128044	WELLBORE DIAGRAM
400128045	LAS-COMBINATION OPEN HOLE

Total Attach: 16 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)