

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



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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.

Document Number:

400135475

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10159 4. Contact Name: Jason Staller
2. Name of Operator: ROSETTA RESOURCES OPERATING LP Phone: (713) 335-4031
3. Address: 717 TEXAS STE 2800 Fax: (713) 493-2237
City: HOUSTON State: TX Zip: 77002

5. API Number 05-125-11833-00 6. County: YUMA
7. Well Name: SHIVELY Well Number: 02-12
8. Location: QtrQtr: NWSW Section: 2 Township: 3S Range: 44W Meridian: 6
Footage at surface: Distance: 1949 feet Direction: FSL Distance: 792 feet Direction: FWL
As Drilled Latitude: 39.823412 As Drilled Longitude: -102.274612

GPS Data:

Data of Measurement: 12/01/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Travis Beran

** 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: BEECHER ISLAND 10. Field Number: 5997

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/11/2010 13. Date TD: 07/10/2010 14. Date Casing Set or D&A: 07/10/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 2420 TVD _____ 17 Plug Back Total Depth MD 2370 TVD _____18. Elevations GR 3658 KB 3670

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:

Compensated Density/Neutron Dual Induction; Dual Induction Guard Log Gamma Ray; Compensated Density/Neutron Gamma Ray

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	9+7/8	7	17	0	409	98	0	411	CALC
1ST	6+1/4	4+1/2	11.6	0	2,409	90	1,450	2,420	CALC

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Not completed - will be evaluated at a future date

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

Signed: _____ Print Name: Jason Staller

Title: Regulatory Analyst Date: _____ Email: jason.staller@rosettaresources.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
400135483	LAS-DENSITY/NEUTRON
400135485	CEMENT JOB SUMMARY
400135486	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)