

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
DRILLING COMPLETION REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400128717</div>				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>10159</u>		4. Contact Name: <u>Jason Staller</u>					
2. Name of Operator: <u>ROSETTA RESOURCES OPERATING LP</u>		Phone: <u>(713) 335-4031</u>					
3. Address: <u>717 TEXAS STE 2800</u>		Fax: <u>(713) 493-2237</u>					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77002</u>					
5. API Number <u>05-125-11747-00</u>		6. County: <u>YUMA</u>					
7. Well Name: <u>Kerbs L&C</u>		Well Number: <u>17-03</u>					
8. Location: QtrQtr: <u>NENW</u> Section: <u>17</u> Township: <u>1S</u> Range: <u>45W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>789</u> feet Direction: <u>FNL</u>		Distance: <u>2031</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>39.973510</u>		As Drilled Longitude: <u>-102.441680</u>					
GPS Data: Data of Measurement: <u>07/24/2010</u> PDOP Reading: <u>4.9</u> GPS Instrument Operator's Name: <u>Travis Beran</u>							
** If directional footage at Top of Prod. Zone		Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____					
Sec: _____ Twp: _____ Rng: _____							
** If directional footage at Bottom Hole		Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____					
Sec: _____ Twp: _____ Rng: _____							
9. Field Name: <u>DUKE</u>		10. Field Number: <u>18890</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>03/16/2010</u> 13. Date TD: <u>03/21/2010</u> 14. Date Casing Set or D&A: <u>03/22/2010</u>							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>2630</u> TVD** _____		17 Plug Back Total Depth MD <u>2575</u> TVD** _____					
18. Elevations GR <u>3921</u> KB <u>3933</u>		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: <u>CBL/Gamma Ray-CCL-VDL; Compensated Density/Neutron Dual Induction; Dual Induction Guard Log Gamma Ray; Compensated Density/Neutron Gamma Ray</u>							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	430	116	0	447	CALC
1ST	6+1/8	4+1/2	10.5	0	2,615	90	1,660	2,630	CBL

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	2,348	2,358	<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: Jason Staller

Title: Regulatory Analyst Date: 1/28/2011 Email: jason.staller@rosettaresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400128721	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400128717	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)