| 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 |

State of Colorado
Oil and Gas Conservation Commission
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DE	ET	OE	ES

DRILLING COMPLETION REPORT

Document Number:

400134178

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: 10159
2. Name of Operator: ROSETTA RESOURCES OPERATING LP
3. Address: 717 TEXAS STE 2800
   City: HOUSTON State: TX Zip: 77002

4. Contact Name: Jason Staller
   Phone: (713) 335-4031
   Fax: (713) 493-2237

5. API Number 05-125-11869-00
6. County: YUMA
7. Well Name: KGA Well Number: 17-07
8. Location: QtrQtr: SWNE Section: 17 Township: 3N Range: 45W Meridian: 6

Footage at surface: Distance: 2606 feet Direction: FNL Distance: 2284 feet Direction: FEL

As Drilled Latitude: 40.228876 As Drilled Longitude: -102.423606

GPS Data:

Data of Measurement: 07/25/2010 PDOP Reading: 3.9 GPS Instrument Operator's Name: Travis Beran

** 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: ECKLEY
10. Field Number: 19415
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/16/2010 13. Date TD: 06/18/2010 14. Date Casing Set or D&A: 06/18/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2852 TVD** _____ 17 Plug Back Total Depth MD 2797 TVD** _____

18. Elevations GR 3861 KB 3873 | 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:

CBL/Gamma Ray-CCL-VDL; 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	407	103	0	411	CALC
1ST	6+1/8	4+1/2	11.6	0	2,843	90	1,950	2,852	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	2,584	2,594	☐	☐	

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: 2/16/2011   Email: jason.staller@rosettaresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
400134196	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☐	No	☒
	Other	Yes	☐	No	☒

Other Attachments

400134178	FORM 5 SUBMITTED	Yes	☒	No	☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)