


<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>	DE	ET	OE	ES
DE	ET	OE	ES				
<div>DRILLING COMPLETION REPORT</div> <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.</div> <div>Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion</div>			<div>Document Number:</div> <div>400135772</div>				
<div>1. OGCC Operator Number: 10159</div> <div>2. Name of Operator: ROSETTA RESOURCES OPERATING LP</div> <div>3. Address: 717 TEXAS STE 2800</div> <div>City: HOUSTON State: TX Zip: 77002</div> <div>4. Contact Name: Jason Staller</div> <div>Phone: (713) 335-4031</div> <div>Fax: (713) 493-2237</div>							
<div>5. API Number 05-125-11744-00</div> <div>6. County: YUMA</div> <div>7. Well Name: LINK-STROM</div> <div>Well Number: 13-14</div> <div>8. Location: QtrQtr: SESW Section: 13 Township: 2S Range: 45W Meridian: 6</div> <div>Footage at surface: Distance: 1175 feet Direction: FSL Distance: 2265 feet Direction: FWL</div> <div>As Drilled Latitude: 39.878770 As Drilled Longitude: -102.365060</div> <div>GPS Data:</div> <div>Data of Measurement: 07/23/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: Travis Beran</div> <div>** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:</div> <div>Sec: Twp: Rng:</div> <div>** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:</div> <div>Sec: Twp: Rng:</div> <div>9. Field Name: WILDCAT</div> <div>10. Field Number: 99999</div> <div>11. Federal, Indian or State Lease Number:</div>							
<div>12. Spud Date: (when the 1st bit hit the dirt) 05/07/2010</div> <div>13. Date TD: 05/12/2010</div> <div>14. Date Casing Set or D&amp;A: 05/12/2010</div>							
<div>15. Well Classification:</div> <div><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</div>							
<div>16. Total Depth MD 2390 TVD** 17 Plug Back Total Depth MD 2339 TVD**</div>							
<div>18. Elevations GR 3874 KB 3886</div>		<div>One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.</div>					
<div>19. List Electric Logs Run:</div> <div>Compensated Density/Neutron Dual Induction; Dual Induction Guard Log Gamma Ray; Compensated Density/Neutron Gamma Ray</div>							
<div>20. Casing, Liner and Cement:</div>							

**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	395	98	0	411	CALC
1ST	6+1/8	4+1/2	11.6	0	2,381	90	1,390	2,390	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: 2/22/2011 Email: jason.staller@rosettaresources.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400135775	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400135772	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400135774	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	6/15/2011 7:52:36 AM

Total: 1 comment(s)