


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> Document Number: 400134995	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-125-11873-00		6. County: YUMA					
7. Well Name: BOULDERS		Well Number: 07-13					
8. Location: QtrQtr: SWSW Section: 7 Township: 1S Range: 45W Meridian: 6							
Footage at surface: Distance: 280 feet Direction: FSL Distance: 302 feet Direction: FWL							
As Drilled Latitude: 39.976376	As Drilled Longitude: -102.466692						
GPS Data:							
Data of Measurement: 07/24/2010 PDOP Reading: 2.2 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: YODEL		10. Field Number: 98640					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 06/17/2010 13. Date TD: 06/23/2010 14. Date Casing Set or D&A: 06/23/2010							
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 2628 TVD**		17 Plug Back Total Depth MD 2575 TVD**					
18. Elevations GR 3941 KB 3953		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:							

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	408	102	0	410	CALC
1ST	6+1/8	4+1/2	11.6	0	2,619	90	1,730	2,628	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	
NIORARA	2,338	2,348	<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: 2/18/2011 Email: jason.staller@rosettaresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400135009	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>					
400134995	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400135008	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC CBL #2548741	4/4/2011 8:25:53 AM
Permit	REQ HARD AND DIGITAL cbl	3/23/2011 12:22:43 PM

Total: 2 comment(s)