


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: <div style="text-align: center; font-size: 1.2em;">1638054</div>	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 type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>10326</u>		4. Contact Name: <u>FABRIANNA VENADUCCI</u>					
2. Name of Operator: <u>ESENJAY OPERATING INC</u>		Phone: <u>(303) 279-0789</u>					
3. Address: <u>500 N. WATER STREET - STE 1100S</u>		Fax: <u>(303) 279-1124</u>					
City: <u>CORPUS CHRISTI</u> State: <u>TX</u> Zip: <u>78471</u>							
5. API Number <u>05-087-08153-00</u>		6. County: <u>MORGAN</u>					
7. Well Name: <u>WILSON</u>		Well Number: <u>30-11</u>					
8. Location: QtrQtr: <u>NESW</u> Section: <u>30</u> Township: <u>6N</u> Range: <u>59W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2281</u> feet Direction: <u>FSL</u>		Distance: <u>1607</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>40.458030</u>		As Drilled Longitude: <u>-104.026920</u>					
GPS Data:							
Data of Measurement: <u>08/09/2010</u>		PDOP Reading: <u>1.8</u> GPS Instrument Operator's Name: <u>DUANE RUSSELL</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>WILDCAT</u>		10. Field Number: <u>99999</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>07/28/2010</u> 13. Date TD: <u>08/03/2010</u> 14. Date Casing Set or D&A: <u>07/28/2010</u>							
15. Well Classification:							
<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Oil <input 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>7837</u> TVD** _____		17 Plug Back Total Depth MD _____ TVD** _____					
18. Elevations GR <u>4636</u> KB <u>4652</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>DUAL SPACED NEUTRON DENSITY ARRAY COMPENSATED TRUE RESISTIVITY LOG, COMPENSATED SPECTRAL NATURAL GAMMA RAY LOG</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	12+1/4	8+5/8		0	365	290	0	365	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	
LARAMIE	3,015		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,660		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	5,990		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	6,400		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	6,480		<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: FABRIANNA VENADUCCI			
Title: CONTRACT LANDMAN		Date: _____		Email: _____	

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1638055	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"/>
<u>Other Attachments</u>			
1638054	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Updated with log tops and triple combo LAS	6/6/2011 6:04:59 AM
Permit	Missing log tops.	6/2/2011 11:57:38 AM
Permit	Missing LAS logs.	6/2/2011 11:16:16 AM

Total: 3 comment(s)