


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: 2590717	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: <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>05-087-08155-00</u>		6. County: <u>MORGAN</u>					
7. Well Name: <u>Kross</u>		Well Number: <u>8-12</u>					
8. Location: QtrQtr: <u>NWSW</u> Section: <u>8</u> Township: <u>6N</u> Range: <u>59W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2044</u> feet Direction: <u>FSL</u>		Distance: <u>822</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>40.500800</u>		As Drilled Longitude: <u>-104.010360</u>					
GPS Data:							
Data of Measurement: <u>08/24/2010</u>		PDOP Reading: <u>1.6</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: <u>NA</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>08/15/2010</u> 13. Date TD: <u>08/18/2010</u> 14. Date Casing Set or D&A: <u>08/20/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" 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>6825</u> TVD** _____		17 Plug Back Total Depth MD <u>6791</u> TVD** _____					
18. Elevations GR <u>4879</u> KB <u>4895</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>SPECTRAL DENSITY DUAL SPACED NEUTRON ARRAY COMPENSATED TRUE RESISTIVITY, COMPENSATED SPECTRAL NATURAL GAMMA, EXTENDED RANGE MICRO IMAGER BOREHOLE</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	431	350	0	431	CALC
1ST	8+3/4	5+1/2		0	6,808	180	5,230	6,808	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	
D SAND	6,624		<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: LANDMAN Date: 11/5/2010 Email: FABRIANNA@JAMESKARO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2530697	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>					
2590717	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 triple combo LAS.	6/6/2011 5:47:14 AM
Permit	Updated the tops with th D sand top	6/2/2011 11:09:12 AM
Permit	Updated form with received cement job summary.	5/31/2011 3:51:57 PM
Permit	Misssing LAS logs.	5/31/2011 10:34:28 AM
Permit	Missing surface casing cement ticket.	5/31/2011 10:30:55 AM
Data Entry	FOOTAGE AT SURFACE: 2041 FSL 825 FWL	2/10/2011 5:43:45 PM

Total: 6 comment(s)