

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



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Document Number:

2590717

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 Final completion Preliminary completion

1. OGCC Operator Number: 10326 4. Contact Name: FABRIANNA VENADUCCI
 2. Name of Operator: ESENJAY OPERATING INC Phone: (303) 279-0789
 3. Address: 500 N. WATER STREET - STE 1100S Fax: (303) 279-1124
 City: CORPUS CHRISTI State: TX Zip: 78471

5. API Number 05-087-08155-00 6. County: MORGAN
 7. Well Name: Kross Well Number: 8-12
 8. Location: QtrQtr: NWSW Section: 8 Township: 6N Range: 59W Meridian: 6
 Footage at surface: Distance: 2044 feet Direction: FSL Distance: 822 feet Direction: FWL
 As Drilled Latitude: 40.500800 As Drilled Longitude: -104.010360

GPS Data:

Data of Measurement: 08/24/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: DUANE RUSSELL

** 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: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: NA

12. Spud Date: (when the 1st bit hit the dirt) 08/15/2010 13. Date TD: 08/18/2010 14. Date Casing Set or D&A: 08/20/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6825 TVD** _____ 17 Plug Back Total Depth MD 6791 TVD** _____

18. Elevations GR 4879 KB 4895

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:

SPECTRAL DENSITY DUAL SPACED NEUTRON ARRAY COMPENSATED TRUE RESISTIVITY,
COMPENSATED SPECTRAL NATURAL GAMMA, EXTENDED RANGE MICRO IMAGER BOREHOLE

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)