

FORM
5Rev
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



DE ET OE ES

Document Number:

2588676

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: 75027 4. Contact Name: STACEY OWSTON
2. Name of Operator: ROSEWOOD RESOURCES INC Phone: (970) 848-2228
3. Address: 2101 CEDAR SPRINGS RD STE 1500 Fax: (970) 848-2245
City: DALLAS State: TX Zip: 75201

5. API Number 05-125-11975-00 6. County: YUMA
7. Well Name: D&S Well Number: 43-22
8. Location: QtrQtr: NESE Section: 22 Township: 4N Range: 46W Meridian: 6
Footage at surface: Distance: 2026 feet Direction: FSL Distance: 387 feet Direction: FEL
As Drilled Latitude: 40.299080 As Drilled Longitude: -102.491763

GPS Data:

Data of Measurement: 07/21/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: D JARRETT

** 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: WAVERLY 10. Field Number: 90775

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/07/2011 13. Date TD: 07/14/2011 14. Date Casing Set or D&A: 07/15/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2780 TVD** 17 Plug Back Total Depth MD 2726 TVD**

18. Elevations GR 3891 KB 3903 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:

TRIPLE COMBO LOG, CBL

20. Casing, Liner and Cement:

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+1/2	7		0	404	98	0	403	CALC
1ST	6+1/8	4+1/2		0	2,770	150	850	2,780	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	
NIOBRARA	2,560	2,596	<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: STACEY OWSTON

Title: ADMIN ASSIST Date: 8/8/2011 Email: SOWSTON@ROSEWD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1726505	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>					
2588676	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)