

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400275898

Date Received:

**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: 10375 4. Contact Name: DEBBIE GHANI  
 2. Name of Operator: ULTRA RESOURCES INC Phone: (303) 645-9810  
 3. Address: 304 INVERNESS WAY SOUTH #295 Fax: (303) 708-9748  
 City: ENGLEWOOD State: CO Zip: 80112

5. API Number 05-041-06065-00 6. County: EL PASO  
 7. Well Name: OLIVE OYL STATE N 44-16 Well Number: 1V  
 8. Location: QtrQtr: SESE Section: 16 Township: 15S Range: 64W Meridian: 6  
 Footage at surface: Distance: 659 feet Direction: FSL Distance: 658 feet Direction: FEL  
 As Drilled Latitude: 38.738983 As Drilled Longitude: -104.554241

GPS Data:  
 Date of Measurement: 02/23/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: BRIAN RITZ

\*\* If directional footage at Top of Prod. Zone Dist.: 542 feet. Direction: FSL Dist.: 898 feet. Direction: FEL

Sec: 16 Twp: 15S Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 524 feet. Direction: FSL Dist.: 1123 feet. Direction: FEL

Sec: 16 Twp: 15S Rng: 64W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9976.9

12. Spud Date: (when the 1st bit hit the dirt) 03/03/2012 13. Date TD: \_\_\_\_\_ 14. Date Casing Set or D&A: 03/15/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5610 TVD\*\* 5610 17 Plug Back Total Depth MD 3953 TVD\*\* 3953

18. Elevations GR 6005 KB 18 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:

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
CONDUCTOR	24	16	65	0	90	180	0	90	
SURF	12+1/4	8+5/8	24	0	503	330	0	503	
1ST	7+7/8	5+1/2	17	0	4,153	330	2,500	4,153	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The original well was been drilled to a total depth of 5,610'TMD and was abandoned in the 7-7/8" hole section due to wellbore instability and severe lost circulation. The rig did not skid. A sidetrack wellbore was drilled - see API No. 05-041-06065-01.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: DEBBIE GHANI

Title: Sr. Permitting Specialist Date: \_\_\_\_\_ Email: dghani@ultrapetroleum.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400275927	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400275925	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
400275924	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276526	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)