

FORM
5Rev
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



DE ET OE ES

Document Number:

400286424

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 05-041-06064-00

6. County: EL PASO

7. Well Name: BRUTUS STATE 33-14

Well Number: 1V

8. Location: QtrQtr: NWSE Section: 14 Township: 14S Range: 62W Meridian: 6

Footage at surface: Distance: 1983 feet Direction: FSL Distance: 2402 feet Direction: FEL

As Drilled Latitude: 38.830063 As Drilled Longitude: -104.303939

GPS Data:

Date of Measurement: 03/05/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: BEN MILIUS

** 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: 9861.9

12. Spud Date: (when the 1st bit hit the dirt) 03/29/2012 13. Date TD: 04/03/2012 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 6150 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6151 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:

Platform Express Triple Combo, ECS, FMI, Sonic Scanner

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	933	400	0	933	
1ST	7+7/8	5+1/2	17	0	5,932	380	2,500	5,932	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	5,284		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	5,768		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	5,807		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	5,926		<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: DEBBIE GHANITitle: SR. PERMITTING SPECIALIST Date: _____ Email: DGHANI@ULTRAPETROLEUM.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400286443	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>					
400286474	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286476	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)