

FORM
5Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

2288546

Date Received:

05/10/2012

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: 44645

4. Contact Name: TERRY L HOFFMAN

2. Name of Operator: JETTA OPERATING COMPANY INC

Phone: (303) 250-0619

3. Address: 777 TAYLOR ST STE PI-D

Fax: (303) 412-8212

City: FT WORTH State: TX Zip: 76102

5. API Number 05-009-06669-00

6. County: BACA

7. Well Name: VEDA TAYLOR

Well Number: 1

8. Location: QtrQtr: SWNW Section: 10 Township: 35S Range: 43W Meridian: 6

Footage at surface: Distance: 2400 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 37.011690 As Drilled Longitude: -102.269180

GPS Data:

Date of Measurement: 07/22/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: KEITH WESTFALL

** 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:

12. Spud Date: (when the 1st bit hit the dirt) 06/24/2010 13. Date TD: 07/03/2010 14. Date Casing Set or D&A: 07/05/2010

15. Well Classification:

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

16. Total Depth MD 4810 TVD** 17 Plug Back Total Depth MD 4810 TVD**

18. Elevations GR 3712 KB 3723

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:

GAMMA RAY, SP, RESISTIVITY, NEUTRON DENSITY, SONIC POROSITY, FMI

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	36	20	0	0	76	175	0	76	VISU
SURF	12+1/4	8+5/8	0	0	1,522	555	0	1,522	VISU

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	
MARMATON	3,674		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	3,798		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,008		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,390		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,672		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CEMENT WAS CIRCULATED TO SURFACE ON BOTH THE CONDUCTOR AND SURFACE CASING CEMENT JOBS

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

Signed: _____ Print Name: NO NAME GIVEN

Title: _____ Date: 5/22/2012 Email: NO.EMAIL@GIVEN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
2288546	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)