

FORM 5 Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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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.

Completion Type [X] 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:
[X] 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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include CONDUCTOR and SURF.

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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
2288546	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)