

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:

400297853

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: 10267

4. Contact Name: Mathew Goolsby

2. Name of Operator: VECTA OIL &amp; GAS LTD

Phone: (303) 618-7736

3. Address: 575 UNION BLVD #208

Fax: (303) 945-2869

City: LAKEWOOD State: CO Zip: 80228

5. API Number 05-017-07715-00

6. County: CHEYENNE

7. Well Name: Huron State

Well Number: 21-16

8. Location: QtrQtr: NENW Section: 16 Township: 14s Range: 47w Meridian: 6

Footage at surface: Distance: 1011 feet Direction: FNL Distance: 2549 feet Direction: FWL

As Drilled Latitude: 38.834890 As Drilled Longitude: -102.676230

## GPS Data:

Date of Measurement: 05/04/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Sally Pettibone

\*\* 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: OYSTER

10. Field Number: 66010

11. Federal, Indian or State Lease Number: 06-8906

12. Spud Date: (when the 1st bit hit the dirt) 04/18/2012 13. Date TD: 04/30/2012 14. Date Casing Set or D&amp;A: 05/03/2012

## 15. Well Classification:

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

16. Total Depth MD 5440 TVD\*\* 17 Plug Back Total Depth MD 5407 TVD\*\*

18. Elevations GR 4261 KB 4272

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:

1) AIT-PEX, LDT/CNL, ML, Sonic Scan, 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
SURF	12+1/4	8+5/8	24	0	413	275	0	413	VISU
1ST	7+7/8	5+1/2	15.5	0	5,429	265	3,650	5,429	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/03/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,945	350	0	2,945

Details of work:

Ran 129 jts 5 1/2" 15.5 # MW-55 LT&C. Tagged bottom at 5434'. Circulate casing 1.75 hrs & thin back mud from 72 to 40 vis. Preflush w/ 500 gal WFR-2.  
 Stage 1: Mix and pump 265 sks ASC cement/displaced w/ 58 bbls water + 70 bbls mud. Full returns during stage. Dropped plg-did not hold (3 attempts 1500, 2000, 2500). Shut well in for 3.75 hours. Drop dart- could not open DV tool for (atempts 1500, 2000, 2500 psi). Rig up wireline sinker bar & tag tool- open DV tool w/ 500 psi.  
 Stage2: Mix and pump 350 sks Lite, displaced to DV tool w/ 70 bbl water. Good returns- circulated 20 bbl cement to pit. Cement rat hole w/ 15 sks, mouse hole w/ 10 sks.  
 Full returns 1st and 2nd stage. Prod csg provided by Midwestern, Hays KS. Cement by Allied, Oakley, KS. Kimzey casing crew.

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	446		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,615	1,805	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	1,948	2,206	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	2,925	2,958	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	3,991		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	4,226		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,590		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,720		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,884		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,060		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #1, log 5135-5174, rec 93%. Core #2, log 5175-5236, rec 98%. Pred SH + SLTST w/ 3' conglomic SS.
MORROW-KEYES	5,270	5,278	<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,278	5,317	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #1 log 5283-5299. GTS 10 min. Rec 4650' GIP, 124' O, 186' GCO, 185' MCO, 122' M. SIP 736-643.
SPERGEN	5,317		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

1) No core analysis performed, no core report.

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

Signed: \_\_\_\_\_ Print Name: Mathew Goolsby

Title: VP-Operations Date: \_\_\_\_\_ Email: matgoolsby@vecta-denver.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400298986	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"/>
400298984	DST Analysis	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400298975	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400298978	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400298979	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400298980	PDS-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400298981	PDS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400298983	PDS-MICROLOG	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)