

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:

400297080

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 & 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 05-017-07712-00

6. County: CHEYENNE

7. Well Name: Little Bear

Well Number: 44-28

8. Location: QtrQtr: 16 Section: 28 Township: 13s Range: 46w Meridian: 6

Footage at surface: Distance: 1032 feet Direction: FSL Distance: 827 feet Direction: FEL

As Drilled Latitude: 38.885040 As Drilled Longitude: -102.559060

GPS Data:

Date of Measurement: 05/03/2012 PDOP Reading: 1.3 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/28/2012 13. Date TD: 04/10/2012 14. Date Casing Set or D&A: 04/15/2012

15. Well Classification:

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

16. Total Depth MD 5692 TVD** 17 Plug Back Total Depth MD 5655 TVD**

18. Elevations GR 4413 KB 4424

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) PEX-AIT, LDT/CNL, ML, 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
SURF	12+1/4	8+5/8	24	0	453	300	0	453	VISU
1ST	7+7/8	5+1/2	15.5	0	5,677	265	4,750	5,677	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/15/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	3,190	500	0	3,190

Details of work:

Ran 136 jts new 5 1/2 15.5# J-55 LT&C. Tagged bottom 5690. Set @ 5677. Circ 1.5 hrs and thin back mud. Stage 1: Mix and pump 265 sks ASC. Displaced w/ 54 bbl water & 81 bbl mud. Pumped plug. Drop dart and open DV tool w/ 700 psi. Circulate 3.75 hours. Stage 2: Mix and pump 500 sks Lite cement, displaced with 76 bbls water to DV tool. Cement rat hole w/ 15 sks, mouse hole w/ 10 sks.

Returns: Partial returns on 1st stage, full returns 2nd stage. Rat hole & mouse hole circulated to surface.

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	728		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,898	2,122	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,211	2,440	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	2,440		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,212	3,248	<input type="checkbox"/>	<input type="checkbox"/>	
TOPEKA	4,202		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,255		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	4,493		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,838		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	5,002		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,160		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,318	5,488	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #1, log interval 5408-5456, recovered 99%, shale & LS, no sand.
MORROW-KEYES	5,488	5,534	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-ST LOUIS	5,534	5,555	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,555		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DSTs after logs. DST 1, 5550-5622: Misrun, pkr failed. DST 2, 5545-5622, 1118' mud. DST 3, 5545-95: misrun, pkr failed

Comment:

1) No core report...no analysis performed.

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>					
400297693	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"/>
400297684	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>					
400297080	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297668	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297669	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297670	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297672	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297674	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297675	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400297680	PDF-CEMENT BOND	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)