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Document Number:  
400332544

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 05-017-07719-00 6. County: CHEYENNE  
 7. Well Name: Belford Well Number: 24-17  
 8. Location: QtrQtr: SESW Section: 17 Township: 13s Range: 47w Meridian: 6  
 Footage at surface: Distance: 686 feet Direction: FSL Distance: 1605 feet Direction: FWL  
 As Drilled Latitude: 38.911950 As Drilled Longitude: -102.699020

GPS Data:  
 Date of Measurement: 10/04/2012 PDOP Reading: 2.4 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) 09/04/2012 13. Date TD: 09/23/2012 14. Date Casing Set or D&A: 09/25/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5671 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 0 TVD\*\* \_\_\_\_\_

18. Elevations GR 4393 KB 4404 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:  
AIT, LDT-CNL, ML, Caliper, Sonic Scanner, 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	434	250	0	434	VISU

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	744	1,470	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,852		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,204	2,503	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	2,503		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,192	3,228	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,186		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,406	4,416	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	4,462		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,836		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST 2, log 4842-4930, straddle. Strong blow, rec 2175 W, 32k ppm. SIP 1213-1238.
CHEROKEE	4,958		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,172	5,301	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,301	5,488	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Core #1, log depth 5366-5427, rec 61.9 ft. DST #1, log 5377-5427, weak blow, died. Rec 15 M. SIP 26-38.
MORROW-KEYES	5,488	5,530	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,530		<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: Mathew Goolsby

Title: VP- Operations

Date: \_\_\_\_\_

Email: matgoolsby@vecta-denver.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400332660	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"/>
400332661	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"/>
<b>Other Attachments</b>			
400332652	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332653	PDS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332654	PDS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332655	PDS-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332656	PDS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332658	PDS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332659	PDF-COMPOSITE	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)