

**FORM
5**Rev
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:

400351445

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 05-017-07717-00

6. County: CHEYENNE

7. Well Name: Crestone

Well Number: 33-17

8. Location: QtrQtr: NWSE Section: 17 Township: 14s Range: 47w Meridian: 6

Footage at surface: Distance: 2156 feet Direction: FSL Distance: 2099 feet Direction: FEL

As Drilled Latitude: 38.828970 As Drilled Longitude: -102.692540

GPS Data:

Data of Measurement: 11/16/2012 PDOP Reading: 1.5 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) 10/24/2012 13. Date TD: 11/03/2012 14. Date Casing Set or D&A: 11/06/2012

15. Well Classification:

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

16. Total Depth MD 5464 TVD** 17 Plug Back Total Depth MD 0 TVD**

18. Elevations GR 4255 KB 4266

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, BHC, Caliper

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	
DAKOTA	1,570		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	1,902	2,200	<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,666	2,708	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	2,910	2,943	<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,160		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,210		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,572		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON-FORT SCOTT	4,660		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST log depths 4658-4673, good blow, recovered 1' oil, 63' SOCWM, 236' W. SIP 1279-1282, BHT 140
CHEROKEE	4,712		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,930	5,067	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,067	5,264	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW-KEYES	5,264		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST 2, log 5270-5300. GTS 2" 1.4 mmcf. Rec 90' mud. SIP 757-389. DST 3, log 5270-5284. GTS 3", dying. SIP 382-125. 30' M
SPERGEN	5,308		<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 ?
<u>Attachment Checklist</u>		
400351461	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"/>
400351458	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>		
400351450	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351451	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351452	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351453	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351454	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351455	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351456	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351457	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351464	WELLBORE DIAGRAM	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)