

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:
400354654

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 05-017-07718-00 6. County: CHEYENNE
 7. Well Name: Maroon Well Number: 24-20
 8. Location: QtrQtr: 14 Section: 20 Township: 14s Range: 47w Meridian: 6
 Footage at surface: Distance: 888 feet Direction: FSL Distance: 1499 feet Direction: FWL
 As Drilled Latitude: 38.810930 As Drilled Longitude: -102.698210

GPS Data:
 Date of Measurement: 11/15/2012 PDOP Reading: 1.7 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) 11/09/2012 13. Date TD: 11/19/2012 14. Date Casing Set or D&A: 11/20/2012

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

16. Total Depth MD 5445 TVD** _____ 17 Plug Back Total Depth MD 0 TVD** _____

18. Elevations GR 4242 KB 4253 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, HiRes

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	265	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	
CARLILE	1,141		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,531		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	1,850	2,145	<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,634		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	2,880	2,914	<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,131		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	4,182	4,547	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,547		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	4,609		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #1, log 4603-4644. Times 15-30-60-90. 1st open 5.5". 2nd open BOB 55". Rec 80' SOGCMW, 120' SGCMW. SIP 1269-1256.
CHEROKEE	4,689		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,917		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,046	5,270	<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,270	5,313	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,313		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

1) No cores, one DST in the Pawnee Mbr of the Marmaton.

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 ?	
Attachment Checklist			
400354681	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"/>
400354679	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"/>
Other Attachments			
400354667	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354670	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354671	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354672	IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354673	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354674	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354675	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354677	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354678	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400354680	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)