

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:

400428016

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: 10326

4. Contact Name: Bowen Waters

2. Name of Operator: ESENJAY OPERATING INC

Phone: (361) 241-3664

3. Address: 500 N. WATER STREET - STE 1100S

Fax: (361) 241-3667

City: CORPUS CHRISTI State: TX Zip: 78471

5. API Number 05-087-08167-00

6. County: MORGAN

7. Well Name: Jones

Well Number: 2-12-4-60

8. Location: QtrQtr: NENW Section: 2 Township: 4N Range: 60W Meridian: 6

Footage at surface: Distance: 342 feet Direction: FNL Distance: 2529 feet Direction: FWL

As Drilled Latitude: 40.348730 As Drilled Longitude: -104.065010

GPS Data:

Data of Measurement: 12/11/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Duane Russell

** If directional footage at Top of Prod. Zone Dist.: 2331 feet. Direction: FSL Dist.: 1978 feet. Direction: FWL

Sec: 2 Twp: 4n Rng: 60w

** If directional footage at Bottom Hole Dist.: 2331 feet. Direction: FSL Dist.: 1978 feet. Direction: FWL

Sec: 2 Twp: 4N Rng: 60W

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) 11/29/2012 13. Date TD: 12/05/2012 14. Date Casing Set or D&A: 12/06/2012

15. Well Classification:

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

16. Total Depth MD 7040 TVD** 6316 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 4381 KB 4394

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:

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 | 534 | 460 | 0 | 534 | 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 | 6,120 | 6,170 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,370 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CARLILE | 6,430 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| D & J SAND | 6,857 | 7,040 | <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: Bowen w waters

Title: agent Date: _____ Email: bwaters@firststrike-energy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|--------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

General Comments

User Group **Comment** **Comment Date**

| | | |
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Total: 0 comment(s)