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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:  
 Date 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@firstrike-energy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	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**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)