

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



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Document Number:
400436775

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
2. Name of Operator: ESENJAY OPERATING INC
3. Address: 500 N. WATER STREET - STE 1100S
City: CORPUS CHRISTI State: TX Zip: 78471
4. Contact Name: bowen waters
Phone: (361) 241-3664
Fax: (361) 241-3667

5. API Number 05-087-08153-00
6. County: MORGAN
7. Well Name: WILSON Well Number: 30-11
8. Location: QtrQtr: NESW Section: 30 Township: 6N Range: 59W Meridian: 6
Footage at surface: Distance: 2281 feet Direction: FSL Distance: 1607 feet Direction: FWL
As Drilled Latitude: 40.458030 As Drilled Longitude: -104.026920

GPS Data:
Date of Measurement: 08/09/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: duane russell

** 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) 07/28/2010 13. Date TD: 08/03/2010 14. Date Casing Set or D&A:

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

16. Total Depth MD 7837 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4636 KB 4652
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:
resistivity
neutron
density
gamma ray

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	365	290	0	365	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	
LARAMIE	3,015		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,660		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	5,990		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	6,400		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	6,480		<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 ?	
Attachment Checklist			
	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

Total: 0 comment(s)