

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:

400497579

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 05-017-07771-00

6. County: CHEYENNE

7. Well Name: Snowmass

Well Number: 32-32

8. Location: QtrQtr: Lot 7 Section: 32 Township: 12s Range: 47w Meridian: 6

Footage at surface: Distance: 2566 feet Direction: FNL Distance: 2404 feet Direction: FEL

As Drilled Latitude: 38.960790 As Drilled Longitude: -102.694890

GPS Data:

Data of Measurement: 10/17/2013 PDOP Reading: 1.8 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) 09/24/2013 13. Date TD: 10/03/2013 14. Date Casing Set or D&A: 10/06/2013

15. Well Classification:

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

16. Total Depth MD 5762 TVD** 17 Plug Back Total Depth MD 0 TVD**

18. Elevations GR 4523 KB 4540

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:

PEX-AIT, LDT/CLN, ML, BHC

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	438	300	0	438	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	1,040	1,722	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,103	2,328	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,436	2,700	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	2,700		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,435	3,471	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,405		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #4, 4500-4560. Rec 940' GCMW. ISI 961, FSI 990
HEEBNER	4,624	4,630	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	4,671	5,030	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	5,030	5,144	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #1, misrun. DST #2, 5052-5086. Rec 246 SGCM w/ few O spots. ISI 1157, FSI 1140.
CHEROKEE	5,144	5,371	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,371	5,496	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,496	5,692	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #2, 5629-5695. Rec 1569' water. ISI 877, FSI 893
MORROW-KEYES	5,692		<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>		
400498031	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"/>
400498038	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>		
400497981	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498004	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498006	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498012	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498021	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498024	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498025	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498027	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498029	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400498060	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)