

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2071495

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: 10312 4. Contact Name: ROBERT VINCENT
2. Name of Operator: PROSPECT ENERGY LLC Phone: (303) 973-3228
3. Address: 1600 STOUT ST STE 1710 Fax: (303) 346-4893
City: DENVER State: CO Zip: 80202

5. API Number 05-069-06400-00 6. County: LARIMER
7. Well Name: COMMUNITY Well Number: 7
8. Location: QtrQtr: SESE Section: 18 Township: 8N Range: 68W Meridian: 6
Footage at surface: Direction: FSL Distance: 897 Direction: FEL Distance: 749
As Drilled Latitude: 40.656255 As Drilled Longitude: -105.041223

GPS Data:

Data of Measurement: 09/14/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: JAKE BELL

** If directional footage

at Top of Prod. Zone Distance: 2016 Direction: FSL Distance: 655 Direction: FEL
Sec: 18 Twp: 8N Rng: 68W
at Bottom Hole Distance: 2054 Direction: FSL Distance: 656 Direction: FEL
Sec: 18 Twp: 8N Rng: 68W

9. Field Name: FORT COLLINS 10. Field Number: 25100

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/04/2010 13. Date TD: 06/17/2010 14. Date Casing Set or D&A: 06/17/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6465 TVD 6320 17 Plug Back Total Depth MD 6441 TVD 629618. Elevations GR 5142 KB 5155

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:

CBL, DEN/NEU/ACTR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	11	8+5/8		752	255	0	752	
1ST	7+7/8	5+1/2		6,442	1,070	2,380	6,442	CBL

ADDITIONAL CEMENT

Cement work date: _____

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	
HYGIENE	1,385		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	3,800		<input type="checkbox"/>	<input type="checkbox"/>	
TIMPAS	4,185		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	4,220		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	4,490		<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	4,500		<input type="checkbox"/>	<input type="checkbox"/>	
MUDDY	4,720		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,935		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	4,990		<input type="checkbox"/>	<input type="checkbox"/>	
SUNDANCE	5,220		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	5,290		<input type="checkbox"/>	<input type="checkbox"/>	
LYKINS	5,430		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	6,125		<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: ROBERT S. VINCENT

Title: VP OF OPERATIONS

Date: 10/1/2010

Email: RVINCENT@BDMINERALS.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Neslin Director of COGCC

Date: 11/5/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2071495	FORM 5 SUBMITTED	LF@2603122 2071495
2071496	DIRECTIONAL SURVEY	LF@2603123 2071496
2071497	CMT SUMMARY	LF@2603124 2071497

Total Attach: 3 Files