

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

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



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DRILLING COMPLETION REPORT

Document Number:

400129426

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: 10159 4. Contact Name: Jason Staller  
2. Name of Operator: ROSETTA RESOURCES OPERATING LP Phone: (713) 335-4031  
3. Address: 717 TEXAS STE 2800 Fax: (713) 493-2237  
City: HOUSTON State: TX Zip: 77002

5. API Number 05-125-11759-00 6. County: YUMA  
7. Well Name: NEWTON Well Number: 18-08  
8. Location: QtrQtr: SENE Section: 18 Township: 1S Range: 45W Meridian: 6  
Footage at surface: Distance: 1951 feet Direction: FNL Distance: 709 feet Direction: FEL  
As Drilled Latitude: 39.970310 As Drilled Longitude: -102.451449

GPS Data:

Data of Measurement: 07/24/2010 PDOP Reading: 3.4 GPS Instrument Operator's Name: Travis Beran

\*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: DUKE 10. Field Number: 18890

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/22/2010 13. Date TD: 03/26/2010 14. Date Casing Set or D&A: 03/26/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2600 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 2546 TVD \_\_\_\_\_

18. Elevations GR 3930 KB 3942

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/Gamma Ray-CCL-VDL; Compensated Density/Neutron Dual Induction; Dual Induction Guard Log Gamma Ray; Compensated Density/Neutron 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	9+7/8	7	17	0	447	116	0	452	CALC
1ST	6+1/8	4+1/2	11.6	0	2,634	90	1,633	2,600	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	2,323	2,333	<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: Jason Staller

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: jason.staller@rosettaresources.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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400129428	CEMENT JOB SUMMARY

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)