

FORM
5Rev
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:

400129492

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: 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 05-125-11756-00 6. County: YUMA
7. Well Name: FIX & WITTE Well Number: 02-13
8. Location: QtrQtr: SWSW Section: 2 Township: 1S Range: 45W Meridian: 6
Footage at surface: Distance: 348 feet Direction: FSL Distance: 1069 feet Direction: FWL
As Drilled Latitude: 39.990902 As Drilled Longitude: -102.389347

GPS Data:

Data of Measurement: 07/25/2010 PDOP Reading: 4.7 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) 03/23/2010 13. Date TD: 03/28/2010 14. Date Casing Set or D&A: 03/28/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 2665 TVD _____ 17 Plug Back Total Depth MD 2608 TVD _____18. Elevations GR 3939 KB 3951

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	12+1/4	8+5/8	24#	0	566	360	0	566	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,055	1,080	0	8,055	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	
SUSSEX	4,412		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,197		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,452		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,477		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,908		<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
400129500	DIRECTIONAL SURVEY
400129501	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)