


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  2071679	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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    05-069-06315-00		6. County:    LARIMER					
7. Well Name:    MSSU		Well Number:    30-19					
8. Location:    QtrQtr:    SWSE    Section:    30    Township:    8N    Range:    68W    Meridian:    6							
Footage at surface:    Distance:    244    feet    Direction:    FSL		Distance:    2486    feet    Direction:    FEL					
As Drilled Latitude:		As Drilled Longitude:					
GPS Data:							
Data of Measurement:		PDOP Reading:    GPS Instrument Operator's Name:					
** If directional footage at Top of Prod. Zone		Dist.:    976    feet. Direction:    FSL    Dist.:    2634    feet. Direction:    FEL					
Sec:    30    Twp:    8N    Rng:    68W							
** If directional footage at Bottom Hole		Dist.:    1038    feet. Direction:    FSL    Dist.:    2620    feet. Direction:    FEL					
Sec:    30    Twp:    8N    Rng:    68W							
9. Field Name:    FORT COLLINS		10. Field Number:    25100					
11. Federal, Indian or State Lease Number:    25941							
12. Spud Date: (when the 1st bit hit the dirt)    07/25/1992    13. Date TD:    10/07/1992    14. Date Casing Set or D&A:    10/07/1992							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    4950    TVD**    4811		17 Plug Back Total Depth    MD    4896    TVD**    4762					
18. Elevations    GR    5065    KB    5076		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:							
REMEDIAL CEMENT							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status

### ADDITIONAL CEMENT

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

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

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,980	100		
1 INCH	1ST	650	125	0	650

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	
			<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: 10/12/2010 Email: RVINCENT@BDMINERALS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2071681	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"/>
	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"/>
<u>Other Attachments</u>					
2071679	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2071680	CORRESPONDENCE	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)