

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		<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				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>10312</u>		4. Contact Name: <u>ROBERT VINCENT</u>					
2. Name of Operator: <u>PROSPECT ENERGY LLC</u>		Phone: <u>(303) 973-3228</u>					
3. Address: <u>1600 STOUT ST STE 1710</u>		Fax: <u>(303) 346-4893</u>					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
5. API Number <u>05-069-06315-00</u>		6. County: <u>LARIMER</u>					
7. Well Name: <u>MSSU</u>		Well Number: <u>30-19</u>					
8. Location: QtrQtr: <u>SWSE</u> Section: <u>30</u> Township: <u>8N</u> Range: <u>68W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>244</u> feet Direction: <u>FSL</u> Distance: <u>2486</u> feet Direction: <u>FEL</u>							
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.: <u>976</u> feet. Direction: <u>FSL</u> Dist.: <u>2634</u> feet. Direction: <u>FEL</u>							
Sec: <u>30</u> Twp: <u>8N</u> Rng: <u>68W</u>							
** If directional footage at Bottom Hole Dist.: <u>1038</u> feet. Direction: <u>FSL</u> Dist.: <u>2620</u> feet. Direction: <u>FEL</u>							
Sec: <u>30</u> Twp: <u>8N</u> Rng: <u>68W</u>							
9. Field Name: <u>FORT COLLINS</u>		10. Field Number: <u>25100</u>					
11. Federal, Indian or State Lease Number: <u>25941</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>07/25/1992</u> 13. Date TD: <u>10/07/1992</u> 14. Date Casing Set or D&A: <u>10/07/1992</u>							
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 <u>4950</u> TVD** <u>4811</u>		17 Plug Back Total Depth MD <u>4896</u> TVD** <u>4762</u>					
18. Elevations GR <u>5065</u> KB <u>5076</u>		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:							
<u>REMEDIAL CEMENT</u>							
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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)