

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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Document Number:  
400131607

**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 05-125-11770-00 6. County: YUMA  
7. Well Name: WEIGEL Well Number: 29-12  
8. Location: QtrQtr: NWSW Section: 29 Township: 1N Range: 44W Meridian: 6  
Footage at surface: Distance: 1850 feet Direction: FSL Distance: 881 feet Direction: FWL  
As Drilled Latitude: 40.022751 As Drilled Longitude: -102.318779

GPS Data:

Data of Measurement: 07/25/2010 PDOP Reading: 5.8 GPS Instrument Operator's Name: Travis Beran

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: VERNON 10. Field Number: 86500

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

12. Spud Date: (when the 1st bit hit the dirt) 03/26/2010 13. Date TD: 04/02/2010 14. Date Casing Set or D&A: 04/02/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2640 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 2580 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	408	102	0	412	CALC
1ST	6+1/8	4+1/2	11.6	0	2,620	90	1,795	2,640	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	
NIORARA	2,334	2,344	<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: 2/8/2011 Email: jason.staller@rosettaresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400131617	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>			
400131607	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req digital logs	3/23/2011 10:57:04 AM

Total: 1 comment(s)