


<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:  400134979	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:    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    05-125-11890-00		6. County:    YUMA					
7. Well Name:    DETERDING		Well Number:    21-11					
8. Location:    QtrQtr:    NESW    Section:    21    Township:    1S    Range:    44W    Meridian:    6							
Footage at surface:    Distance:    2319    feet    Direction:    FSL    Distance:    1756    feet    Direction:    FWL							
As Drilled Latitude:    39.954488	As Drilled Longitude:    -102.310906						
GPS Data:							
Data of Measurement:    12/01/2010    PDOP Reading:    2.8    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)    07/10/2010    13. Date TD:    07/15/2010    14. Date Casing Set or D&A:    07/15/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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    2855    TVD**		17 Plug Back Total Depth    MD    2805    TVD**					
18. Elevations    GR    3906    KB    3918		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:							
Compensated Density/Neutron Dual Induction; Dual Induction Guard Log Gamma Ray; Compensated Density/Neutron Gamma Ray							
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
SURF	9+7/8	7	17	0	449	112	0	452	CALC
1ST	6+1/8	4+1/2	11.6	0	2,845	90	1,860	2,855	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	
NIOBARRA	2,266	2,276	<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: 2/18/2011 Email: jason.staller@rosettaresources.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400134981	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400134979	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400134980	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CBL #2548738	4/4/2011 8:28:08 AM
Permit	requested hard and digital CBL	3/23/2011 12:17:53 PM

Total: 2 comment(s)