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Document Number:
 400194043

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: 10267 4. Contact Name: Mathew Goolsby
 2. Name of Operator: VECTA OIL & GAS LTD Phone: (303) 618-7736
 3. Address: 575 UNION BLVD #208 Fax: (303) 945-2869
 City: LAKEWOOD State: CO Zip: 80228

5. API Number 05-017-07705-00 6. County: CHEYENNE
 7. Well Name: Torreys Well Number: 31-4
 8. Location: QtrQtr: NW NE Section: 4 Township: 14s Range: 47w Meridian: 6
 Footage at surface: Distance: 354 feet Direction: FNL Distance: 1623 feet Direction: FEL
 As Drilled Latitude: 38.865750 As Drilled Longitude: -102.672720

GPS Data:
 Date of Measurement: 08/12/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Sally Pettibone

** 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: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/21/2011 13. Date TD: 08/02/2011 14. Date Casing Set or D&A: 08/03/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5530 TVD** _____ 17 Plug Back Total Depth MD 5530 TVD** _____

18. Elevations GR 4297 KB 4308 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:
AIT w/ ML, LDT/CNL, CVL (Schlumberger, Ft Morgan, CO)

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	437	250	0	437	VISU

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	
NIOBRARA	556		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,706		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,034	2,322	<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	2,880	2,932	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,032	3,066	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,080		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	4,314		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,662		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	4,732		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #1, 4752-75, rec 1394' MCW, SIP 1274-1267
FORT SCOTT	4,760		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,810		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,004		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,142	5,334	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #1, 5206-5255, recovered 46' shale and siltstone
KEYES	5,334		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,348	5,372	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,372		<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: Mathew Goolsby

Title: VP-Operations Date: 8/16/2011 Email: matgoalsby@vecta-denver.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400196538	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196536	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400196537	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input 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>			
400194043	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196527	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196529	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196530	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196531	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196532	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196533	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196535	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Form 6 in process to P/A well.	10/12/2011 11:46:35 AM
Permit	rec logs doc#2202621-26	8/18/2011 9:27:58 AM
Permit	waiting on logs, sub form 6 in process	8/17/2011 8:45:11 AM

Total: 3 comment(s)