

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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DRILLING COMPLETION REPORT

Document Number:

2588357

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: 10354
2. Name of Operator: DAKOTA EXPLORATION LLC
3. Address: 8801 S. YALE AVENUE, SUITE 120
City: TULSA State: OK Zip: 74137
4. Contact Name: FABRIANNA VENADUCCI
Phone: (303) 279-0789
Fax: (303) 279-1124

5. API Number 05-057-06510-00
6. County: JACKSON
7. Well Name: State Well Number: 6-81-24-4
8. Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 81W Meridian: 6
Footage at surface: Distance: 672 feet Direction: FNL Distance: 1376 feet Direction: FWL
As Drilled Latitude: 40.480050 As Drilled Longitude: -106.441030

GPS Data:
Date of Measurement: 08/18/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: DUANE RUSSELL

** 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: 9000.6

12. Spud Date: (when the 1st bit hit the dirt) 07/23/2011 13. Date TD: 07/28/2011 14. Date Casing Set or D&A: 07/23/2011

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

16. Total Depth MD 6373 TVD** 17 Plug Back Total Depth MD 6100 TVD**

18. Elevations GR 8374 KB 8394
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:
GAMMA RAY MEMORY LOGS, SPECTRAL DENSITY SUAL SPACED NEUTRON, ARRAY INDUCTION, WAVEFORM SONIC

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 22 | 16 | | 0 | 40 | 70 | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | | 0 | 760 | 421 | 0 | 760 | CALC |
| 1ST | 6+1/8 | 4+1/2 | | 5350 | 8,800 | 200 | 5,100 | 8,800 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| | | | | | |

Details of work:

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 | |
| PIERRE | 3,846 | 4,572 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SMOKY HILL | 6,002 | 6,274 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,274 | 6,290 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,300 | 6,332 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

PILOT HOLE

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: FABRIANNA VENADUCCI

Title: CONTRACT LANDMAN Date: 8/26/2011 Email: FABRIANNA@JAMESKARO.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 2588358 | 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 | | | |
| 2588357 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|------------------|---------------------------|
| Permit | REQ DIGITAL LOGS | 10/10/2011 11:42:55 AM |

Total: 1 comment(s)