FORM 5			DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

Document Number:

2071725

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: 10326
2. Name of Operator: ESENJAY OPERATING INC
3. Address: 500 N. WATER STREET - STE 1100S
   City: CORPUS CHRISTI   State: TX   Zip: 78471

4. Contact Name: FABRIANNA VENADUCCI
   Phone: (303) 279-0789
   Fax: (303) 279-1124

5. API Number   05-123-31741-00
6. County: WELD
7. Well Name: Ford   Well Number: 30-16
8. Location: QtrQtr: SESE   Section: 30   Township: 7N   Range: 59W   Meridian: 6
   Footage at surface: Distance: 1203 feet Direction: FSL   Distance: 916 feet Direction: FEL
   As Drilled Latitude: 40.542150   As Drilled Longitude: -104.016070

GPS Data:
   Data of Measurement: 08/15/2010   PDOP Reading: 1.7   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: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/07/2010 13. Date TD: 08/10/2010 14. Date Casing Set or D&A: 08/07/2010

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

16. Total Depth MD 6900   TVD** _____   17 Plug Back Total Depth MD _____   TVD** _____

18. Elevations GR 4887   KB 4903 | 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:

DUAL SPACED NEUTRON SPECTRAL DENSITY ARRAY COMPENSATED TRUE RESISTIITY LOG. WAVE SONIC SEMBLANCE PROCESSED LOG. WAVE SONIC SEMBLANCE PROCESSED DEPTH MATCHED LOG.

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		0	471	330	0	471	CALC

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	
LARAMIE	1,601		☐	☐	
NIOBRARA	1,657		☐	☐	
D SAND	1,797		☐	☐	
J SAND	1,877		☐	☐	

Comment:

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: LANDMAN   Date: 10/11/2010   Email: FABRIANNA@JAMESKARO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
2071726	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒
Other Attachments		
2071725	FORM 5 SUBMITTED	Yes ☒ No ☐

General Comments

User Group	Comment	Comment Date
Permit	REC FORMATION NAMEWS AND TOPS FROM M.G. @JAMES KARO	8/29/2011 3:46:40 PM
Permit	req formation names and tops	8/16/2011 12:13:13 PM
Permit	On hold The form 5 is missing the formation tops.	2/1/2011 12:53:02 PM

Total: 3 comment(s)