

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



DE	ET	OE	ES
----	----	----	----

Document Number:
2588359

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

5. API Number 05-057-06510-01 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.: 944 feet. Direction: FNL Dist.: 1335 feet. Direction: FWL

Sec: 24 Twp: 6N Rng: 81W

** If directional footage at Bottom Hole Dist.: 1271 feet. Direction: FNL Dist.: 1344 feet. Direction: FWL

Sec: 24 Twp: 6N Rng: 81W

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) 08/02/2011 13. Date TD: 08/04/2011 14. Date Casing Set or D&A: 08/04/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6560 TVD** 6238 17 Plug Back Total Depth MD 5670 TVD** 5348

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 LOG, RUSH PRINT ARRAY INDUCTION

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
	1ST	5,850	240	5,350	5,850
	OPEN HOLE	6,350	140	5,940	6,350

Details of work:

Sidetrack "01" crossed a fault, we cemented across the Niobrara, and cemented another kickoff plug uphole from 5350'-5850' with 240 sacks of cement.

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	
SMOKY HILL	6,005	6,025	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,194	6,226	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,360	6,448	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

HORIZONTAL THAT FAULTED OUT, MISSED NBBR BY 100'. PLUG. RE-PREMITTED TO 02. NO DIRECTIONAL RUN.

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 ?	
<u>Attachment Checklist</u>			
2072703	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072704	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
2588359	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Emailed operator reminding them they owe us a Form 5 for the "02" wellbore.	12/8/2011 9:07:53 AM
Permit	REC REQ INFO, PLANNED HORIZONTAL WENT 600' STILL IN CURVE, THEN FAULTED OUT, LABELED AS DRIFTED. VERIFIED WITH P.G., PERMITTER, THAT SUNDRY WAS REQUESTED FOR 02 WELLBORE - FORM 5. CHECKING ON SPUD DATE NOTIFICATION.	10/13/2011 7:32:00 AM
Permit	FAULTED OUT - MISSED NBBR BY 100'. REQ CMT TKTS FOR PLUG & KICKOFF.	10/11/2011 10:59:18 AM
Permit	REQ D/S AND DIGITAL LOGS	10/10/2011 11:51:46 AM

Total: 4 comment(s)