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Document Number:
2544148

Date Received:
11/14/2012

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: 10312 4. Contact Name: MARY GRIGGS
 2. Name of Operator: PROSPECT ENERGY LLC Phone: (303) 973-3228
 3. Address: 1600 STOUT ST STE 1710 Fax: (303) 346-4893
 City: DENVER State: CO Zip: 80202

5. API Number 05-069-06311-00 6. County: LARIMER
 7. Well Name: MSSU Well Number: 30-18
 8. Location: QtrQtr: SWSE Section: 30 Township: 8N Range: 68W Meridian: 6
 Footage at surface: Distance: 238 feet Direction: FSL Distance: 2476 feet Direction: FEL
 As Drilled Latitude: 40.625521 As Drilled Longitude: -105.047777

GPS Data:
 Date of Measurement: 09/23/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: DAVID METZLER

** If directional footage at Top of Prod. Zone Dist.: 411 feet. Direction: FSL Dist.: 1797 feet. Direction: FEL
 Sec: 8 Twp: 8N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 417 feet. Direction: FSL Dist.: 1766 feet. Direction: FEL
 Sec: 8 Twp: 8N Rng: 68W

9. Field Name: FORT COLLINS 10. Field Number: 25100
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/29/1992 13. Date TD: 09/08/1992 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 4940 TVD** 4851 17 Plug Back Total Depth MD 4957 TVD** 4848

18. Elevations GR 5065 KB 5076 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:
DIL, GR, DENSITY, NEUTRON, CIBL, CBL (ORIGINAL WELL DRILLING)

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	507	310	0	507	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,894	185	2,520	3,020

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

REMEDIAL CEMENT JOB COMPLETED NOV. 7, 2012

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

Signed: _____ Print Name: MARY C GRIGGS

Title: REG/ENVIRO COMPLIANCE Date: 11/13/2012 Email: MGRIGGS@BDMINERALS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2544150	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"/>
2544149	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
2544148	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)