

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400365324

Date Received:

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: 60890

4. Contact Name: Jake Flora

2. Name of Operator: MOUNTAIN PETROLEUM CORP

Phone: (720) 9885375

3. Address: 1801 BROADWAY STE 1250

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-063-06343-00

6. County: KIT CARSON

7. Well Name: PICKARD

Well Number: 44-11

8. Location: QtrQtr: SESE Section: 11 Township: 11S Range: 46W Meridian: 6

Footage at surface: Distance: 610 feet Direction: FSL Distance: 610 feet Direction: FEL

As Drilled Latitude: 39.100910 As Drilled Longitude: -102.523360

GPS Data:

Data of Measurement: 12/20/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: Keith Westfall

** 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: SMOKY HILL

10. Field Number: 77570

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/17/2012 13. Date TD: 03/26/2012 14. Date Casing Set or D&A: 03/28/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5807 TVD** 17 Plug Back Total Depth MD 5720 TVD**

18. Elevations GR 4462 KB 4473

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:

Compensated Density/Neutron
Induction
GR

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	478	300	0	478	VISU
1ST	7+7/8	5+1/2	15.5	0	5,763	325	3,590	5,763	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	3,138	250	2,000	3,138

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	
NIOBRARA	1,354		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	1,934		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	2,122		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,355		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	3,308		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,593		<input type="checkbox"/>	<input type="checkbox"/>	
NEVA	4,071		<input type="checkbox"/>	<input type="checkbox"/>	
FORAKER	4,224		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,525		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	4,750		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	5,020		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	5,060		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	5,097		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	5,150		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,298		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,419		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,546		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,590		<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: Jake Flora

Title: Petroleum Engineer

Date: _____

Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)