

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:
01/05/2013

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:
Date 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: 1/5/2013 Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2518169	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			
400365324	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>
Engineer	Induction log shows surface casing shoe, Form 6-sra in process.	1/7/2013 9:33:14 AM
Permit	Requested surface casing cement ticket.	1/7/2013 6:14:05 AM

Total: 2 comment(s)