

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:

400391222

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: 35080 4. Contact Name: Phyllis Brewer
 2. Name of Operator: GRAND MESA OPERATING CO Phone: (316) 265-3000
 3. Address: 1700 N. WATERFRONT PKWY BL 600 Fax: (316) 265-3455
 City: WICHITA State: KS Zip: 67206

5. API Number 05-073-06489-00 6. County: LINCOLN
 7. Well Name: PUNKIN-STATE Well Number: 1-4
 8. Location: QtrQtr: SWSE Section: 4 Township: 10S Range: 55W Meridian: 6
 Footage at surface: Distance: 877 feet Direction: FSL Distance: 1419 feet Direction: FEL
 As Drilled Latitude: 39.203160 As Drilled Longitude: -103.552100

GPS Data:

Date of Measurement: 03/22/2013 PDOP Reading: 2.5 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: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/09/2013 13. Date TD: 03/03/2013 14. Date Casing Set or D&A: 03/03/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7965 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 5277 KB 5290

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:

CPDCN Micro Log; AI Shallow Focused Electric Log; CS w/Int Transit Time; Microresistivity 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
CONDUCTOR	17+1/2	13+3/8	48	0	83	125	0	83	CALC
SURF	12+1/4	8+5/8	24	0	391	265	0	391	CALC
OPEN HOLE	7+7/8			391	7,965				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
LANSING	6,671		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,036		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	7,088		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #1
FORT SCOTT	7,164		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #2
CHEROKEE	7,267		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #3 -- Mis-Run & DST #4
MORROW	7,640		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	7,884		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs & DST's being mailed 03/26/2013.

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

Signed: _____ Print Name: Ronald N. Sinclair

Title: President Date: _____ Email: pbrewer@gmocks.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400391342	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"/>
400391340	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400395786	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400391417	LAS-COMBINATION OPEN HOLE	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)