

FORM
5Rev
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:

400408646

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: 10431

4. Contact Name: WILLIAM HEARD

2. Name of Operator: CHAMA OIL & MINERALS LLC

Phone: (432) 683-8000

3. Address: PO BOX 50203

Fax: (432) 683-8250

City: MIDLAND State: TX Zip: 79710

5. API Number 05-017-07729-00

6. County: CHEYENNE

7. Well Name: KERN STATE 36-16-46

Well Number: 1P

8. Location: QtrQtr: NENE Section: 36 Township: 16S Range: 46W Meridian: 6

Footage at surface: Distance: 600 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 38.626530 As Drilled Longitude: -102.512550

GPS Data:

Date of Measurement: 08/15/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: R. GABRIEL

** 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: 2002.12

12. Spud Date: (when the 1st bit hit the dirt) 03/06/2013 13. Date TD: 03/15/2013 14. Date Casing Set or D&A: 03/07/2013

15. Well Classification:

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

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

18. Elevations GR 4131 KB 4136

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:

ARRAY COMPENSATED TRUE RESISTIVITY, COMPENSATED SPECTRAL GR, QUAD COMBO, SPECTRAL DENSITY, DUAL SPACED NEUTRON

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	9+5/8	36	0	507	340	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
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	
DAKOTA	1,252	2,142	<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,142	2,607	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	2,607	3,363	<input type="checkbox"/>	<input type="checkbox"/>	
NEVA	3,363	3,671	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	3,671	3,928	<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,928	3,956	<input type="checkbox"/>	<input type="checkbox"/>	
TORONTO	3,956	3,984	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,984	4,375	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,375	4,516	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,516	4,634	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,634	4,831	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,831	5,003	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW-KEYES	5,003	5,034	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,034	5,184	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,184	5,286	<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	5,286		<input type="checkbox"/>	<input type="checkbox"/>	NO DST'S, NO CORES

Comment:

PAPER AND LAS LOG COPIES MAILED. KERN STATE 36-16-46 #1-P DRILLED AS VERTICAL PILOT HOLE. WELL WAS PLUGGED BACK AND KERN STATE 36-16-46 #1-H DRILLED AS HORIZONTAL FROM SAME WELL BORE. FORM 5 FOR THE 1-H WILL BE FILED SHORTLY.

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

Signed: _____ Print Name: WILLIAM HEARD

Title: PROJECT DRILLING ENGINEER Date: _____ Email: BILL.HEARD@CHAMAOIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400408716	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"/>
<u>Other Attachments</u>					
400408749	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)