

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:

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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.

Completion Type [X] 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 05-017-07729-01 6. County: CHEYENNE
7. Well Name: KERN STATE 36-16-46 Well Number: 1H
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.: 1097 feet. Direction: FNL Dist.: 723 feet. Direction: FEL
Sec: 36 Twp: 16S Rng: 46W
** If directional footage at Bottom Hole Dist.: 656 feet. Direction: FSL Dist.: 648 feet. Direction: FEL
Sec: 36 Twp: 16S Rng: 46W

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: 04/12/2013 14. Date Casing Set or D&A: 04/14/2013

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

16. Total Depth MD 8971 TVD** 5196 17 Plug Back Total Depth MD 8971 TVD** 5196

18. Elevations GR 4131 KB 4146
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 INDUCTION, COMPENSATED PHOTO DENSITY, COMPENSATED NEUTRON POROSITY.

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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	1,786	400	654	1,786

Details of work:
 CEMENT TOP AND BOTTOM BY CBL.

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

Comment:
 NO CONDUCTOR SET. PAPER AND LAS LOG COPIES MAILED.

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 ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400409540	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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			
400409099	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)