

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:

400408995

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 &amp; 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&amp;A: 04/14/2013

## 15. Well Classification:

☐ Dry ☒ 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

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
1ST	8+3/4	7	26	0	5,520	600	2,739	5,520	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	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 ?			
<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"/>
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"/>
<u>Other Attachments</u>					
400409099	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)