

FORM
5
Rev
09/14

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:
400912525

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

OGCC Operator Number: 25500 Contact Name: Paul Gottlob
 Name of Operator: DUNCAN OIL INC Phone: (720) 420-5747
 Address: 1777 S HARRISON ST, P-1 Fax: _____
 City: DENVER State: CO Zip: 80210

API Number 05-121-11050-00 County: WASHINGTON
 Well Name: BK Well Number: 1
 Location: QtrQtr: SWNE Section: 34 Township: 3S Range: 53W Meridian: 6
 Footage at surface: Distance: 2503 feet Direction: FNL Distance: 1500 feet Direction: FEL
 As Drilled Latitude: 39.747650 As Drilled Longitude: -103.298140

GPS Data:
 Date of Measurement: 10/21/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Elijah Frane

** 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: _____

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/20/2015 Date TD: 10/04/2015 Date Casing Set or D&A: 09/21/2015
 Rig Release Date: 10/07/2015 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 8073 TVD** _____ Plug Back Total Depth MD 8073 TVD** _____

Elevations GR 4960 KB 4971 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud Log, Platform Express - Combo .pdf, Platform Express .las.

CASING, LINER AND CEMENT

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	385	190	0	385	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
D SAND	4,517	4,571	NO	NO	
J SAND	4,571	4,720	NO	NO	
SKULL CREEK	4,720	5,351	NO	NO	
ENTRADA	5,351	5,476	NO	NO	
BLAINE	5,476	5,633	NO	NO	
LYONS	5,633	5,848	NO	NO	
STONE CORRAL	5,848	6,036	NO	NO	
WOLFCAMP	6,036	6,713	NO	NO	
HEEBNER	6,713	6,732	NO	NO	
LANSING-KANSAS CITY	6,732	7,147	NO	NO	
MARMATON	7,147	7,230	NO	NO	
CHEROKEE	7,230	7,431	NO	NO	
ATOKA	7,431	7,646	NO	NO	
MORROW	7,646	7,801	NO	NO	
KEYES	7,801	7,840	NO	NO	
GILMORE CITY	7,840	7,944	NO	NO	
REAGAN	7,944	8,073	NO	NO	

Comment:

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

Signed: _____

Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech.

Date: _____

Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400918050	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
400922383	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400916676	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400917759	PDF-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400917766	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400917793	WELLBORE DIAGRAM	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)