

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:
400974892

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: 10524 Contact Name: Mike Griffis
 Name of Operator: GRMR OIL & GAS LLC Phone: (303) 515-5921
 Address: 370 INTERLOCKEN BLVD SUITE 550 Fax: _____
 City: BROOMFIELD State: CO Zip: 80021

API Number 05-081-07822-00 County: MOFFAT
 Well Name: Hamill Well Number: 19-16HA
 Location: QtrQtr: SESE Section: 19 Township: 5N Range: 90W Meridian: 6
 Footage at surface: Distance: 152 feet Direction: FSL Distance: 247 feet Direction: FEL
 As Drilled Latitude: 40.364194 As Drilled Longitude: -107.529503

GPS Data:
 Date of Measurement: 11/17/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: John Floyd, J.L.

** If directional footage at Top of Prod. Zone Dist.: 1020 feet. Direction: FNL Dist.: 1233 feet. Direction: FEL
 Sec: 30 Twp: 5N Rng: 90W
 ** If directional footage at Bottom Hole Dist.: 2331 feet. Direction: FNL Dist.: 2323 feet. Direction: FWL
 Sec: 30 Twp: 5N Rng: 90W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: COC074956X

Spud Date: (when the 1st bit hit the dirt) 10/30/2015 Date TD: 11/09/2015 Date Casing Set or D&A: 11/11/2015
 Rig Release Date: 11/12/2015 Per Rule 308A.b.

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

Total Depth MD 5975 TVD** 4217 Plug Back Total Depth MD _____ TVD** 4217

Elevations GR 6446 KB 6468 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL

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
CONDUCTOR	30+0/0	20+0/0	52.73	0	80	40	0	80	VISU
SURF	17+1/2	13+3/8	54.50	0	840	504	0	840	VISU
1ST	12+1/4	9+5/8	36	0	3,985	1,306	0	3,985	CBL
2ND	8+1/2	5+1/2	20	0	5,919	0	5,975	5,975	

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	
MANCOS	0	3,988			
NIOBRARA	3,988	5,975			

Comment:

GRMR did not run a CBL on the surface casing (in error). During the cement job, 80 bbls of good cement returned to surface.

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

Signed: _____ Print Name: Karen Tomari

Title: Engineering Tech. Date: _____ Email: karen.tomari@grmroilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400974998	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401000297	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401000301	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002129	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002142	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)