

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:  
401482955

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: 77500 Contact Name: A. TOBIAS ECK  
Name of Operator: SHAKESPEARE OIL CO INC Phone: (316) 305-0572  
Address: 202 WEST MAIN ST Fax: (618) 548-1594  
City: SALEM State: IL Zip: 62881

API Number 05-009-06680-00 County: BACA  
Well Name: H-C Well Number: 1-7  
Location: QtrQtr: NESW Section: 7 Township: 33S Range: 41W Meridian: 6  
Footage at surface: Distance: 2035 feet Direction: FSL Distance: 1591 feet Direction: FWL  
As Drilled Latitude: 37.183840 As Drilled Longitude: -102.089570

GPS Data:  
Date of Measurement: 07/17/2017 PDOP Reading: 2.1 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) 12/05/2017 Date TD: 12/08/2017 Date Casing Set or D&A: 12/10/2017  
Rig Release Date: 12/12/2017 Per Rule 308A.b.

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

Total Depth MD 1162 TVD\*\* Plug Back Total Depth MD 1162 TVD\*\*

Elevations GR 3732 KB 3743 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
NO LOGS RUN- LOST HOLE

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| OPEN HOLE   | 12+1/4       |                |       | 0             | 1,162         | 305       | 0       | 1,162   | VISU   |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

| Method used | String    | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|-----------|-----------------------------------|---------------|------------|---------------|
| STAGE TOOL  | OPEN HOLE | 1,150                             | 100           | 1,010      | 1,162         |
| STAGE TOOL  | OPEN HOLE | 990                               | 85            | 983        | 1,010         |
| STAGE TOOL  | OPEN HOLE | 600                               | 100           | 540        | 600           |
| STAGE TOOL  | OPEN HOLE | 40                                | 15            | 0          | 40            |

Details of work:

Cement tickets attached to Form.

### **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 |   |
|                |                |        |                  |       |   |

Comment:

NO LOGS RUN. LOST HOLE AT 1162'. PLUGGED WELL AND SKIDDED RIG 90' TO WEST AFTER VERBAL APPROVAL FROM DIANA BURN w/ COGCC.

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

Signed: \_\_\_\_\_

Print Name: A. TOBIAS ECK

Title: Exploration Geologist

Date: \_\_\_\_\_

Email: toby@shakespeare-oil.com

### **Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 401485741                   | 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"/> |

### **General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)