

FORM
5Rev
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



DE ET OE ES

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 ?			
<u>Attachment Checklist</u>					
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)