

FORM
5Rev
09/14State 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:

401509738

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: 61650

Contact Name: Tom Melland

Name of Operator: MURFIN DRILLING COMPANY INC

Phone: (316) 267 3241

Address: 250 N WATER ST STE 300

Fax:

City: WICHITA State: KS Zip: 67202

API Number 05-073-06732-00

County: LINCOLN

Well Name: Dauntless

Well Number: 15-1

Location: QtrQtr: SWSE Section: 1 Township: 9S Range: 56W Meridian: 6

Footage at surface: Distance: 991 feet Direction: FSL Distance: 1650 feet Direction: FEL

As Drilled Latitude: 39.290160 As Drilled Longitude: -103.608500

GPS Data:

Date of Measurement: 01/15/2018 PDOP Reading: 1.9 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) 11/28/2017 Date TD: 12/16/2017 Date Casing Set or D&A: 12/18/2017

Rig Release Date: 12/18/2017 Per Rule 308A.b.

Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 8820 TVD** Plug Back Total Depth MD 8820 TVD**

Elevations GR 5541 KB 5554 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Neutron Density, Induction, Microlog, Sonic

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	476	375	0	476	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	
NIOBRARA	3,797				
D SAND	4,738				
J SAND	4,780				
LANSING	7,262				
MARMATON	7,730		YES		
CHEROKEE	7,777		YES		
MORROW	8,323				
MISSISSIPPIAN	8,620				
ARBUCKLE	8,754				

Comment:

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

Signed: _____

Print Name: Tom Melland

Title: Production Engineer

Date: _____

Email: tmelland@murfininc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401510222	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"/>
401510205	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401514066	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
401509826	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509833	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509850	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509855	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509862	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)