

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



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Document Number:

401634611

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: 35080

Contact Name: MICHAEL REILLY

Name of Operator: GRAND MESA OPERATING CO

Phone: (316) 265-3000

Address: 1700 N. WATERFRONT PKWY BL 600

Fax: (316) 265-3455

City: WICHITA State: KS Zip: 67206

API Number 05-073-06738-00

County: LINCOLN

Well Name: CRATER LAKE

Well Number: 1-8

Location: QtrQtr: NWNE Section: 8 Township: 8S Range: 54W Meridian: 6

Footage at surface: Distance: 1145 feet Direction: FNL Distance: 1934 feet Direction: FEL

As Drilled Latitude: 39.371450 As Drilled Longitude: -103.460740

GPS Data:

Date of Measurement: 05/21/2018 PDOP Reading: 2.2 GPS Instrument Operator's Name: ELIJAH FRANE-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) 04/11/2018 Date TD: 04/29/2018 Date Casing Set or D&A: 04/30/2018

Rig Release Date: 05/01/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8495 TVD** Plug Back Total Depth MD TVD**

Elevations GR 5404 KB 5423 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Density/Neutron; Induction; Micro Log; Sonic Log

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	441	325	0	441	CALC

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:

P&A 4/30/18 - 40SXS @ 7870', 40SXS @ 7430', 40SXS @ 7252', 40SXS @ 7173', 40SXS @ 6886', 40sxs @ 5100'; 40sxs @ 4400'; 50SXS @ 491', 15SXS @ 40' AND 5SXS IN THE RAT HOLE AND 5SXS IN THE MOUSE HOLE. Cemented with 355 SXS of CLASS A cement.

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	
CEDAR HILLS	5,694	5,790	NO	NO	
STONE CORRAL	5,885	5,901	NO	NO	
FORAKER	6,516	6,530	NO	NO	
LANSING	6,937	6,971	YES	NO	DST #1
MARMATON	7,302	7,360	NO	NO	
PAWNEE	7,370	7,410	YES	NO	DST #2
FORT SCOTT	7,422	7,429	YES	NO	DST #3
ATOKA	7,600	7,850	YES	NO	DST #4
MORROW	7,850	7,960	NO	NO	
MISSISSIPPIAN	8,071	8,199	NO	NO	
ARBUCKLE	8,230	8,294	NO	NO	
PRECAMBRIAN	8,394	8,495	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: MICHAEL REILLY

Title: PRESIDENT

Date: _____

Email: MREILLY@GMOCKS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401634872	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"/>
401634894	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401674079	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
401634857	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401634860	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401634862	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401634866	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401634868	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401674135	WELLBORE DIAGRAM	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)