

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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)