

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:
401668878

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: 10660 Contact Name: John Marvin
 Name of Operator: K3 OIL & GAS OPERATING COMPANY Phone: (303) 241-9391
 Address: 24900 PITKIN RD STE 305 Fax: (832) 234-0825
 City: THE WOODLANDS State: TX Zip: 77386

API Number 05-073-06739-00 County: LINCOLN
 Well Name: James Well Number: 6-3
 Location: QtrQtr: SENW Section: 3 Township: 15S Range: 55W Meridian: 6
 Footage at surface: Distance: 2100 feet Direction: FNL Distance: 2300 feet Direction: FWL
 As Drilled Latitude: 38.772400 As Drilled Longitude: -103.544470

GPS Data:
 Date of Measurement: 06/20/2018 PDOP Reading: 2.0 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) 05/06/2018 Date TD: 05/23/2018 Date Casing Set or D&A: 05/26/2018
 Rig Release Date: 05/27/2018 Per Rule 308A.b.

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

Total Depth MD 7670 TVD** _____ Plug Back Total Depth MD _____ TVD** _____
 Elevations GR 5144 KB 5162 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
ANNULAR HOLE VOLUME, MICROLOG, POROSITY, REPEAT, RESISTIVITY, 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	484	400	0	487	VISU
OPEN HOLE	7+7/8			484	7,670				

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	
STONE CORRAL	4,491	4,560	NO	NO	
TOPEKA	5,660	5,710	NO	NO	
LANSING-KANSAS CITY	5,822	5,918	NO	NO	
MARMATON	6,110	6,170	NO	NO	
PAWNEE	6,242	6,310	NO	NO	
CHEROKEE	6,351	6,404	YES	YES-Submitted on Form 4	
ATOKA	6,620	6,902	NO	YES-Submitted on Form 4	
MORROW	7,044	7,298	NO	NO	
KEYES	7,311	7,388	NO	NO	
MISSISSIPPIAN	7,409	7,488	NO	NO	
SPERGEN	7,536	7,572	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: Henson Barnes

Title: Land Manager

Date: _____

Email: henson.barnes@k3oil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401682605	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"/>
401669725	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401669753	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401669755	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401669758	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401669761	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401669768	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401669773	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401669774	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401682603	PLAT	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)