

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



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Document Number:

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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 05-073-06733-00

County: LINCOLN

Well Name: YOSEMITE

Well Number: 1-3

Location: QtrQtr: SESE Section: 3 Township: 8S Range: 55W Meridian: 6

Footage at surface: Distance: 1007 feet Direction: FSL Distance: 791 feet Direction: FEL

As Drilled Latitude: 39.377160 As Drilled Longitude: -103.531410

GPS Data:

Date of Measurement: 09/05/2018 PDOP Reading: 2.3 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) 08/05/2018 Date TD: 08/19/2018 Date Casing Set or D&amp;A: 08/19/2018

Rig Release Date: 08/19/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8476 TVD\*\* Plug Back Total Depth MD TVD\*\*

Elevations GR 5503 KB 5522 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CPD/CN Micro Log; Composite Log; Caliper Log; AI Shallow Focused Elect Log; Microresistivity Log; Comp Sonic w/Integrated Transit Time.

## 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	23	0	355	325	0	355	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/19/2018

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

Plugged with 235sxs Class H Cement: 40sxs @ 8331'; 40sxs @ 7455'; 40sxs @ 5100'; 40sxs @ 4550'; 50sxs @ 400'; 15 sxs @ 40'; 5sxs in Rat Hole and 5sxs in Mouse Hole.

### 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	5,750	6,135	NO	NO	
MARMATON	7,507	7,644	YES	NO	DST #1
ATOKA	7,806	8,042	YES	NO	DST #2
MORROW	8,042	8,379	NO	NO	
MISSISSIPPIAN	8,379	8,476	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>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401748519	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401766118	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
401748522	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401748535	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401748537	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401748544	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401748558	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401748559	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401748563	PDF-DENSITY/NEUTRON	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)