

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



DE ET OE ES

Document Number:

401922630

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 05-073-06757-00

County: LINCOLN

Well Name: Moonraker

Well Number: 6-27

Location: QtrQtr: SENW Section: 27 Township: 10S Range: 56W Meridian: 6

Footage at surface: Distance: 2300 feet Direction: FNL Distance: 1500 feet Direction: FWL

As Drilled Latitude: 39.150730 As Drilled Longitude: -103.654100

## GPS Data:

Date of Measurement: 01/31/2019 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) 01/02/2019 Date TD: 01/19/2019 Date Casing Set or D&amp;A: 01/22/2019

Rig Release Date: 01/22/2019 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 8300 TVD\*\* Plug Back Total Depth MD 8257 TVD\*\*

Elevations GR 5462 KB 5475 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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             | 455           | 300       | 0       | 455     | VISU   |
| 1ST         | 7+7/8        | 5+1/2          | 17    | 0             | 8,300         | 370       | 5,940   | 8,300   | CBL    |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL     | 1ST    | 5,027                             | 240           | 3,208      | 5,207         |

Details of work:

Dropped DV tool bomb and let fall. Opened DV tool and established circ on 2nd stage. Circ until 10:45 PM MDT. Plugged rat hole w/5 sxs and mouse hole w/5 sxs. Mixed and pumped 240 sxs 60/40 Class A cement w/8% gel, ¼# per sx floeal. Displaced w/114 Bbl water. Plug landed w/1000# lift pressure @ 11:40 AM MDT 1/21/19, pressured up to 1750# and closed DV tool. Cement tops per CBL.

### **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 |   |
| D SAND         | 4,446          |        | NO               | NO    |   |
| J SAND         | 4,483          |        | NO               | NO    |   |
| LANSING        | 7,026          |        | NO               | NO    |   |
| MARMATON       | 7,346          |        | YES              | NO    |   |
| FORT SCOTT     | 7,424          |        | YES              | NO    |   |
| MORROW         | 7,960          |        | NO               | NO    |   |
| MISSISSIPPIAN  | 8,186          |        | NO               | NO    |   |
| OSAGE          | 8,247          |        | 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: Margo Grover

Title: Production Assistant

Date: \_\_\_\_\_

Email: mgrover@murfininc.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 401965301                   | 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"/> |
| 401965684                   | 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"/> |
| <u>Other Attachments</u>    |                       |   |  |
| 401965328                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401965352                   | PDF-SONIC             | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401965360                   | PDF-MICROLOG          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401965376                   | PDF-INDUCTION         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401965377                   | PDF-POROSITY          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401965381                   | PDF-RESISTIVITY       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401965403                   | PDF-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401966033                   | 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)

