

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.

Document Number:
401922630

Date Received:

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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)

