

FORM
5Rev
02/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402347867

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 55098

Contact Name: Brent Reinhardt

Name of Operator: MCCOY PETROLEUM CORPORATION

Phone: (316) 636-2737

Address: 9342 EAST CENTRAL

Fax: (316) 636-2741

City: WICHITA State: KS Zip: 67206-

Email: Brent@mccoypetroleum.com

API Number 05-061-06899-00

County: KIOWA

Well Name: ALC 1748

Well Number: 1-33

 Location: QtrQtr: NESE Section: 33 Township: 17S Range: 48W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 38.532710 As Drilled Longitude: -102.788100

GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 03/17/2020

GPS Instrument Operator's Name: Elijah Frane - 10

FNL/FSL

FEL/FWL

 ** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
 Sec: Twp: Rng:

FNL/FSL

FEL/FWL

 ** 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) 03/06/2020 Date TD: 03/19/2020 Date Casing Set or D&A:

Rig Release Date: 03/19/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5310 TVD** Plug Back Total Depth MD TVD**

Elevations GR 4259 KB 4270

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Dual Induction, Density/Neutron, Sonic, Microlog, LAS File

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	17+1/2	13+3/8	48	0	336	400	0	336	VISU
OPEN HOLE	7+7/8			336	5,310				

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	
SHAWNEE	3,654				
HEEBNER	3,842				
MARMATON	4,272		YES		
PAWNEE	4,382				
CHEROKEE	4,432				
ATOKA	4,727				
MORROW	4,828				
MISSISSIPPIAN-ST LOUIS	5,072		YES		
SPERGEN	5,197				
WARSAW	5,280				

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Scott

Title: Hampel Date: _____ Email: Scott@mccoypetroleum.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402358715	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"/>
402349086	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>		
402347894	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402347895	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402347896	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402347899	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402347903	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)

