

**FORM
5**Rev
02/08**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:

400359001

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

1. OGCC Operator Number: 35080

4. Contact Name: Ronald Sinclair

2. Name of Operator: GRAND MESA OPERATING CO

Phone: (316) 265-3000

3. Address: 1700 N. WATERFRONT PKWY BL 600

Fax: (316) 265-3455

City: WICHITA State: KS Zip: 67206

5. API Number 05-073-06488-00

6. County: LINCOLN

7. Well Name: APC-Martin

Well Number: 1-3

8. Location: QtrQtr: NE/SE Section: 3 Township: 10S Range: 55W Meridian: 6

Footage at surface: Distance: 1743 feet Direction: FSL Distance: 1539 feet Direction: FEL

As Drilled Latitude: 39.205480 As Drilled Longitude: -103.533390

GPS Data:

Date of Measurement: 12/11/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Elijah Frane - High

** 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:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/09/2012 13. Date TD: 12/28/2012 14. Date Casing Set or D&A: 12/29/2012

15. Well Classification:

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

16. Total Depth MD 7900 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5238 KB 5251

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CPDCN Micro Log/AI Shallow Focused Elect Log/Comp. Sonic w/Int Transit Time/Micro Log

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	17+1/2	13+3/8	48	0	78	125	0	78	CALC
SURF	12+1/4	8+5/8	24	0	392	265	0	392	CALC

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: _____					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
LANSING	6,602		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	7,006		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #1
FORT SCOTT	7,085		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #2
CHEROKEE	7,152		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DST #3
MORROW	7,566		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	7,806		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: Ronald N. Sinclair

Title: President Date: _____ Email: pbrewer@gmocks.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400359054	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"/>
400359046	DST Analysis	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400359049	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400359032	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400359035	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400359037	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400359039	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)