

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



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Document Number:
400346034

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: 10299 4. Contact Name: Jacob Flora
 2. Name of Operator: KUENZLER & FLORA RESERVE COMPANY Phone: (720) 988-5375
 3. Address: 3310 W AQUEDUCT AVE Fax: _____
 City: LITTLETON State: CO Zip: 80123

5. API Number 05-017-07723-00 6. County: CHEYENNE
 7. Well Name: CHESNEE Well Number: 1
 8. Location: QtrQtr: SENE Section: 7 Township: 14S Range: 44W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FNL Distance: 676 feet Direction: FEL
 As Drilled Latitude: 38.850830 As Drilled Longitude: -102.372070

GPS Data:

Date of Measurement: 12/21/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Keith Westfall

** 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: SPUR 10. Field Number: 78800

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/21/2012 13. Date TD: 10/03/2012 14. Date Casing Set or D&A: 10/04/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5575 TVD** _____ 17 Plug Back Total Depth MD 5444 TVD** _____

18. Elevations GR 4274 KB 4286

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:

GR/CNL/IDL

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
SURF	17+1/2	13+3/8	54.5	0	415	520	0	415	VISU
1ST	7+7/8	5+1/2	15.5	0	5,474	135	4,410	5,474	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,265	150	3,980	4,380
STAGE TOOL	1ST	2,541	325	1,626	2,542

Details of work:

TIH w port collar shifting tool, open port collar at 4265', pump 150 sx cement, close port collar, reverse out. WOC 4 hrs, open port collar at 2541', pump 325 sx cement, close port collar, reverse out, TOO. H.

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	
NIOBRARA	818		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	1,495		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	1,757		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	1,874		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,960		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,248		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,790		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,074		<input type="checkbox"/>	<input type="checkbox"/>	
NEVA	3,705		<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	3,923		<input type="checkbox"/>	<input type="checkbox"/>	
TOPEKA	4,114		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,342		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,699		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,844		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,984		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,131		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,369		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	5,463		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,490		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,526		<input type="checkbox"/>	<input type="checkbox"/>	
ST JOE	5,561		<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: Jacob Flora

Title: Partner

Date: _____

Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400346457	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"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" 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>			
400346045	IND-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400391526	WELL LOCATION PLAT	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)