

FORM  
5Rev  
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:

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 &amp; 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:

Data 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&amp;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, TOOH.

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)