

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:

400474034

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: 10410

4. Contact Name: Julie Lewis

2. Name of Operator: KIRKPATRICK OIL COMPANY INC

Phone: (405) 767-3608

3. Address: 1001 W WILSHIRE BLVD #202

Fax: (405) 840-2946

City: OKLAHOMA CITY State: OK Zip: 73116

5. API Number 05-063-06346-00

6. County: KIT CARSON

7. Well Name: B&B Farms

Well Number: 1-19H

8. Location: QtrQtr: NENE Section: 19 Township: 11S Range: 44W Meridian: 6

Footage at surface: Distance: 260 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 39.086960 As Drilled Longitude: -102.374950

GPS Data:

Date of Measurement: 06/27/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: K. Daley

** If directional footage at Top of Prod. Zone Dist.: 975 feet. Direction: FNL Dist.: 643 feet. Direction: FEL

Sec: 19 Twp: 11S Rng: 44W

** If directional footage at Bottom Hole Dist.: 630 feet. Direction: FSL Dist.: 630 feet. Direction: FEL

Sec: 19 Twp: 11S Rng: 44W

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) 06/18/2013 13. Date TD: 07/26/2013 14. Date Casing Set or D&A: 08/03/2013

15. Well Classification:

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

16. Total Depth MD 9270 TVD** 5447 17 Plug Back Total Depth MD 9270 TVD** 5447

18. Elevations GR 4268 KB 4288

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:

Triple Combo

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	12+1/4	9+5/8	36#	0	377	200	0	377	
1ST	8+3/4	7	26#	0	5,947	425	2,400	5,947	
1ST LINER	6+1/8	4+1/2	11.6	5947	7,407				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/19/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		200	0	377
	S.C. 1.1		200	5,207	5,947
DV TOOL	S.C. 1.2	3,624	225	2,400	3,624

Details of work:

7" Intermediate Casing was cemented in 2 stages. Stage 1, 200sx, Stage 2, 225sx via DV tool at +/- 3624'.

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	
MISSISSIPPIAN	5,679		<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: Julie Lewis

Title: Engineering Technician Date: _____ Email: jlewis@kirkpatrickoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400474583	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400474599	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400474561	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474569	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474588	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474591	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)