

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:

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
2. Name of Operator: KIRKPATRICK OIL COMPANY INC
3. Address: 1001 W WILSHIRE BLVD #202
City: OKLAHOMA CITY State: OK Zip: 73116
4. Contact Name: Julie Lewis
Phone: (405) 767-3608
Fax: (405) 840-2946

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 ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 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"/> |
| Other Attachments | | | |
| 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)