

**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:

400508291

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: Michael Reilly

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 05-121-11033-00

6. County: WASHINGTON

7. Well Name: K-M

Well Number: 1-2

8. Location: QtrQtr: SE/NW Section: 2 Township: 2S Range: 52W Meridian: 6

Footage at surface: Distance: 2384 feet Direction: FNL Distance: 2540 feet Direction: FWL

As Drilled Latitude: 39.909470 As Drilled Longitude: -103.171810

GPS Data:

Date of Measurement: 11/11/2013 PDOP Reading: 1.8 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) 10/02/2013 13. Date TD: 11/03/2013 14. Date Casing Set or D&A: 11/04/2013

15. Well Classification:

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

16. Total Depth MD 7720 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4672 KB 4682

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 Focussed Elect Log @ 7715' & 7720'; Microresisitivity 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
SURF	12+1/4	8+5/8	24	0	396	400	0	396	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	
DAKOTA-J SAND-D SAND	4,281	4,531	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	6,887	7,120	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FT SCOTT ZONE DST #1
MORROW	7,450	7,596	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	7,596	7,702	<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: Michael J. Reilly

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400512889	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"/>
400508680	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400512058	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400509431	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509475	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509477	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509479	PDF-MICROLOG	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509481	PDF-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)