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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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)