

FORM
5
Rev
09/14

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:
400780430

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

OGCC Operator Number: 10475 Contact Name: Bonnie Scofield
 Name of Operator: DISCOVERY NATURAL RESOURCES LLC Phone: (303) 628-7358
 Address: 410 17TH STREET #900 Fax: (303) 573-0386
 City: DENVER State: CO Zip: 80202

API Number 05-099-06913-00 County: PROWERS
 Well Name: WOOTTEN Well Number: 2-21-2246
 Location: QtrQtr: NWNE Section: 21 Township: 22S Range: 46W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 38.127140 As Drilled Longitude: -102.583640

GPS Data:
 Date of Measurement: 02/16/2015 PDOP Reading: 5.0 GPS Instrument Operator's Name: Sam Surveying and

** 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: _____

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/03/2015 Date TD: 01/18/2015 Date Casing Set or D&A: 01/18/2015
 Rig Release Date: 01/18/2015 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 4718 TVD** _____ Plug Back Total Depth MD 4590 TVD** _____

Elevations GR 3682 KB 3694 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL will be ran during the completions operations. List of Logs Run: Caliper, Density-Neutron
 Mircoresistivity, Array Induction, Microresistivity, Neutron Sonic Porosity, Sonic

CASING, LINER AND CEMENT

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	685	410	0	685	VISU
1ST	7+7/8	4+1/2	11.6	0	4,613	460	3,197	4,613	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	3,197	930	0	3,197

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
STONE CORRAL	1,657		NO	NO	
TOPEKA	2,971		YES	NO	Please note there were (2) DST ran for the Topeka FM. See attachments for each DST #1 and DST #2.
HEEBNER	3,146		NO	NO	
LANSING	3,203		NO	NO	
KANSAS CITY	3,595		NO	NO	
MARMATON	3,627		YES	NO	
PAWNEE	3,697		NO	NO	
CHEROKEE	3,782		NO	NO	
ATOKA	3,938		NO	NO	
MORROW	4,077		YES	NO	
MISSISSIPPIAN-ST LOUIS	4,283		YES	NO	
SPERGEN	4,517		NO	NO	
WARSAW	4,618		YES	NO	
MISSISSIPPIAN-OSAGE	4,695		NO	NO	

Comment:

Please note the CBL will be ran during completions operators.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Bonnie Scofield

Title: Regulatory Supervisor

Date: _____

Email: bonnie.scofield@discoverynr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400805838	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"/>
400805852	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400805836	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400806277	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400807185	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400807186	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400807187	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400807188	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400807190	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400807266	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400807267	PDF-	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)