

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



Document Number:

400912525

Date Received:

10/21/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 25500 Contact Name: Paul Gottlob  
Name of Operator: DUNCAN OIL INC Phone: (720) 420-5747  
Address: 1777 S HARRISON ST, P-1 Fax:  
City: DENVER State: CO Zip: 80210

API Number 05-121-11050-00 County: WASHINGTON  
Well Name: BK Well Number: 1  
Location: QtrQtr: SWNE Section: 34 Township: 3S Range: 53W Meridian: 6  
Footage at surface: Distance: 2503 feet Direction: FNL Distance: 1500 feet Direction: FEL  
As Drilled Latitude: 39.747650 As Drilled Longitude: -103.298140

GPS Data:  
Date of Measurement: 10/21/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Elijah Frane

\*\* 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) 09/20/2015 Date TD: 10/04/2015 Date Casing Set or D&A: 09/21/2015  
Rig Release Date: 10/07/2015 Per Rule 308A.b.

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

Total Depth MD 8073 TVD\*\* Plug Back Total Depth MD 8073 TVD\*\*  
Elevations GR 4960 KB 4971 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
Mud Log, Platform Express - Combo .pdf, Platform Express .las.

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	385	190	0	385	VISU
OPEN HOLE	7+7/8			385	8,073				

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:

\_\_\_\_\_

### 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	
D SAND	4,517	4,571	NO	NO	
J SAND	4,571	4,720	NO	NO	
SKULL CREEK	4,720	5,351	NO	NO	
ENTRADA	5,351	5,476	NO	NO	
BLAINE	5,476	5,633	NO	NO	
LYONS	5,633	5,848	NO	NO	
STONE CORRAL	5,848	6,036	NO	NO	
WOLFCAMP	6,036	6,713	NO	NO	
HEEBNER	6,713	6,732	NO	NO	
LANSING-KANSAS CITY	6,732	7,147	NO	NO	
MARMATON	7,147	7,230	NO	NO	
CHEROKEE	7,230	7,431	NO	NO	
ATOKA	7,431	7,646	NO	NO	
MORROW	7,646	7,801	NO	NO	
KEYES	7,801	7,840	NO	NO	
GILMORE CITY	7,840	7,944	NO	NO	
REAGAN	7,944	8,073	NO	NO	

Operator Comments

\_\_\_\_\_

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

Signed: \_\_\_\_\_

Print Name: Paul Gottlob

Title: Regulatory & Engin. Tech.

Date: 10/21/2015

Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400918050	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"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400922383	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400912525	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400916676	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400917759	PDF-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400917766	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400917793	WELLBORE DIAGRAM	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)