

FORM
5Rev
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



DE ET OE ES

Document Number:

400925113

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: 10524

Contact Name: Mike Griffis

Name of Operator: GRMR OIL & GAS LLC

Phone: (303) 515-5921

Address: 370 INTERLOCKEN BLVD SUITE 550

Fax:

City: BROOMFIELD State: CO Zip: 80021

API Number 05-081-07820-00

County: MOFFAT

Well Name: Hamill

Well Number: 19-16D

Location: QtrQtr: SESE Section: 19 Township: 5N Range: 90W Meridian: 6

Footage at surface: Distance: 163 feet Direction: FSL Distance: 230 feet Direction: FEL

As Drilled Latitude: 40.364225 As Drilled Longitude: -107.529439

GPS Data:

Date of Measurement: 11/17/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: John Floyd

** If directional footage at Top of Prod. Zone Dist.: 202 feet. Direction: FNL Dist.: 295 feet. Direction: FEL

Sec: 30 Twp: 5N Rng: 90W

** If directional footage at Bottom Hole Dist.: 205 feet. Direction: FNL Dist.: 331 feet. Direction: FEL

Sec: 30 Twp: 5N Rng: 90W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: COC074956X

Spud Date: (when the 1st bit hit the dirt) 10/18/2015 Date TD: 10/25/2015 Date Casing Set or D&A: 10/28/2015

Rig Release Date: 11/12/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6980 TVD** 6958 Plug Back Total Depth MD 0 TVD** 0

Elevations GR 6446 KB 6468 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

GR, CAL, SP, PEFZ, Induction, NPHI, DPHI

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
CONDUCTOR	30+0/0	20+0/0	52.3	0	80	200	0	80	VISU
SURF	12+1/4	9+5/8	36	0	810	253	117	810	CALC
OPEN HOLE	7+7/8	0+0/0	0	0	6,980	0	0	0	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/19/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	117	45	0	117

Details of work:

Primary cmt job did not reach the surface. Calculated approx 117' from surface. Ran 1" tremie pipe to 100' and pumped 45 sx. Good cement to surface.

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	
MANCOS	0	2,832	NO	NO	
NIOBRARA	2,832	4,102	NO	NO	
CARLILE	4,102	4,288	NO	NO	
FRONTIER	4,288	4,716	NO	NO	
MOWRY	4,716	4,768	NO	NO	
MUDDY	4,768	4,810	NO	NO	
DAKOTA	4,810	4,878	NO	NO	
LAKOTA	4,878	4,932	NO	NO	
MORRISON	4,932	5,438	NO	NO	
ENTRADA	5,438	5,580	NO	NO	
CHINLE	5,580	5,956	NO	NO	
SHINARUMP	5,956	6,126	NO	NO	
MOENKOPI	6,126	6,542	NO	NO	
PERMIAN	6,542	6,800	NO	NO	
MINTURN	6,800	6,980	NO	NO	

Comment:

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

Signed: _____

Print Name: Mike Griffis

Title: Operations Manager

Date: _____

Email: mike.griffis@grmroilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400936456	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400936449	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"/>
<u>Other Attachments</u>					
400925648	PDF-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400925650	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400925664	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400925812	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400936440	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400941042	LAS-MEASUREMENT/LOGGING WHILE DRILLING	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)