

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:
401157312

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: <u>35080</u> | Contact Name: <u>Michael Reilly</u> |
| Name of Operator: <u>GRAND MESA OPERATING CO</u> | Phone: <u>(316) 265-3000</u> |
| Address: <u>1700 N. WATERFRONT PKWY BL 600</u> | Fax: <u>(316) 265-3455</u> |
| City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206</u> | |

| | |
|--|---------------------------|
| API Number <u>05-121-11053-00</u> | County: <u>WASHINGTON</u> |
| Well Name: <u>Buzzs Boat</u> | Well Number: <u>14</u> |
| Location: QtrQtr: <u>SESW</u> Section: <u>24</u> Township: <u>5S</u> Range: <u>54W</u> Meridian: <u>6</u> | |
| Footage at surface: Distance: <u>620</u> feet Direction: <u>FSL</u> Distance: <u>2262</u> feet Direction: <u>FWL</u> | |
| As Drilled Latitude: <u>39.595810</u> As Drilled Longitude: <u>-103.379510</u> | |

GPS Data:
Date of Measurement: 12/13/2016 PDOP Reading: 2.2 GPS Instrument Operator's Name: Elijah Frane-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) 10/30/2016 Date TD: 11/09/2016 Date Casing Set or D&A: 11/10/2016
Rig Release Date: 11/10/2016 Per Rule 308A.b.

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

Total Depth MD 8254 TVD** _____ Plug Back Total Depth MD 8191 TVD** _____

Elevations GR 5152 KB 5171 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
AI Shallow Focused Elect log; CPDCN Micro Log; Comp Sonic w/Integrated Transit Time; Cement Bond Log

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 | 330 | 225 | 0 | 330 | VISU |
| 1ST | 7+7/8 | 5+1/2 | 17 | 0 | 8,228 | 276 | 5,308 | 8,254 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/21/2016

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| STAGE TOOL | 1ST | 5,191 | 250 | 3,340 | 5,191 |

Details of work:

Pressured up to 1200# to test csg, opened Port collar and pumped water but could not circulate. Pumped cement through the port collar and got circulation. Cemented with 250sxs of 60/40 pozmix, w/8% Gel and 1/4# sx Flocele. Shut the port collar and pressured up to 1700#, washed out the cement from the casing and tubing.

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 | |
| FORT HAYS | 4,111 | 4,196 | NO | NO | |
| CEDAR HILLS | 5,770 | 5,855 | NO | NO | |
| STONE CORRAL | 5,973 | 5,983 | NO | NO | |
| LANSING-KANSAS CITY | 6,915 | 7,249 | NO | NO | |
| MARMATON | 7,300 | 7,420 | NO | NO | |
| MISSISSIPPIAN | 8,038 | 8,114 | 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: Michael Reilly

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 401178110 | 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"/> |
| 401178114 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other Attachments | | | |
| 401157316 | PDF-SONIC | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401157319 | PDF-INDUCTION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401157320 | PDF-DENSITY/NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401178083 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401179136 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)