

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:

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: 35080

Contact Name: Michael Reilly

Name of Operator: GRAND MESA OPERATING CO

Phone: (316) 265-3000

Address: 1700 N. WATERFRONT PKWY BL 600

Fax: (316) 265-3455

City: WICHITA State: KS Zip: 67206

API Number 05-121-11053-00

County: WASHINGTON

Well Name: Buzzs Boat

Well Number: 14

Location: QtrQtr: SESW Section: 24 Township: 5S Range: 54W Meridian: 6

Footage at surface: Distance: 620 feet Direction: FSL Distance: 2262 feet Direction: FWL

As Drilled Latitude: 39.595810 As Drilled Longitude: -103.379510

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 ?
<u>Attachment Checklist</u>		
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"/>
<u>Other Attachments</u>		
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)