

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:

401374656

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 05-121-11065-00

County: WASHINGTON

Well Name: RIO LOBO

Well Number: 1-30

Location: QtrQtr: SWNW Section: 30 Township: 5S Range: 53W Meridian: 6

Footage at surface: Distance: 2474 feet Direction: FNL Distance: 610 feet Direction: FWL

As Drilled Latitude: 39.586820 As Drilled Longitude: -103.366370

GPS Data:

Date of Measurement: 07/22/2017 PDOP Reading: 1.8 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) 06/24/2017 Date TD: 07/04/2017 Date Casing Set or D&A: 07/06/2017

Rig Release Date: 07/06/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8099 TVD** Plug Back Total Depth MD 7985 TVD**

Elevations GR 5138 KB 5157 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

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	386	275	0	391	VISU
1ST	7+7/8	5+1/2	17	0	8,022	250	5,700	8,099	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/14/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	5,267	250	4,514	5,267

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	5,928		NO	NO	
MARMATON	7,251		YES	NO	DST #1
MORROW	7,851		NO	NO	
MISSISSIPPIAN	8,042		YES	NO	DST #2

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>		
401378684	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"/>
401374841	DST Analysis	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374851	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
401374709	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374723	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374747	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374771	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374805	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374810	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374822	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401374835	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401378747	WELLBORE DIAGRAM	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)