

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:

401440264

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: 10660

Contact Name: John Marvin

Name of Operator: K3 OIL & GAS OPERATING COMPANY

Phone: (303) 241-9391

Address: 24900 PITKIN RD STE 305

Fax: (832) 234-0825

City: THE WOODLANDS State: TX Zip: 77386

API Number 05-073-06726-00

County: LINCOLN

Well Name: Clark

Well Number: 13-24

Location: QtrQtr: SWSW Section: 24 Township: 15S Range: 55W Meridian: 6

Footage at surface: Distance: 650 feet Direction: FSL Distance: 650 feet Direction: FWL

As Drilled Latitude: 38.721050 As Drilled Longitude: -103.514570

GPS Data:

Date of Measurement: 07/18/2017 PDOP Reading: 1.7 GPS Instrument Operator's Name: Craig Burke

** 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) 10/06/2017 Date TD: 10/22/2017 Date Casing Set or D&A: 10/22/2017

Rig Release Date: 10/23/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7510 TVD** Plug Back Total Depth MD TVD**

Elevations GR 5062 KB 5080 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MICROLOG, INDUCTION, POROSITY, SONIC, CALIPER

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	17+1/2	13+3/8	48	0	470	450	0	475	VISU
OPEN HOLE	7+7/8			470	7,510				CALC

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	
STONE CORRAL	4,342	4,502			
LANSING-KANSAS CITY	5,492	5,950			
MARMATON	5,982	6,150			
CHEROKEE	6,218	6,300	YES	NO	
ATOKA	6,568	6,940			
MORROW	6,945	7,220			
KEYES	7,226	7,330			
MISSISSIPPIAN	7,336	7,449			
SPERGEN	7,450	7,500	YES	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: Henson Barnes

Title: Land Manager

Date: _____

Email: henson.barnes@k3oil.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401463731	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"/>
401462729	DST Analysis	Yes <input checked="" type="checkbox"/> No <input 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>		
401462739	PDF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462742	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462745	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462747	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462877	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462956	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462960	TIF-INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462965	TIF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462966	TIF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462970	TIF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401462973	TIF-CALIPER	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)