

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



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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: <u>10660</u>	Contact Name: <u>John Marvin</u>
Name of Operator: <u>K3 OIL & GAS OPERATING COMPANY</u>	Phone: <u>(303) 241-9391</u>
Address: <u>24900 PITKIN RD STE 305</u>	Fax: <u>(832) 234-0825</u>
City: <u>THE WOODLANDS</u> State: <u>TX</u> Zip: <u>77386</u>	

API Number <u>05-073-06726-00</u>	County: <u>LINCOLN</u>
Well Name: <u>Clark</u>	Well Number: <u>13-24</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>24</u> Township: <u>15S</u> Range: <u>55W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>650</u> feet Direction: <u>FSL</u> Distance: <u>650</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>38.721050</u> As Drilled Longitude: <u>-103.514570</u>	

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 <u>7510</u> TVD** _____	Plug Back Total Depth MD _____ TVD** _____
Elevations GR <u>5062</u> KB <u>5080</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)