

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:
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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 05-073-06727-00 County: LINCOLN
Well Name: Sorenson Well Number: 4-3
Location: QtrQtr: Lot 4 Section: 3 Township: 16S Range: 55W Meridian: 6
Footage at surface: Distance: 650 feet Direction: FNL Distance: 650 feet Direction: FWL
As Drilled Latitude: 38.688930 As Drilled Longitude: -103.555810

GPS Data:
Date of Measurement: 12/15/2017 PDOP Reading: 1.9 GPS Instrument Operator's Name: Elijah 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) 10/25/2017 Date TD: 11/08/2017 Date Casing Set or D&A: 11/11/2017
Rig Release Date: 11/11/2017 Per Rule 308A.b.

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

Total Depth MD 7550 TVD** Plug Back Total Depth MD 7028 TVD**

Elevations GR 5030 KB 5048 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Induction, Caliper, Den-Neu, Micro, Sonic

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+1/4	13+3/8	48	0	496	450	0	505	VISU
1ST	7+7/8	5+1/2	17	0	7,028	250	5,380	7,028	CBL

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	4,209	4,300	NO	NO	
TOPEKA	5,446	5,455	NO	NO	
LANSING-KANSAS CITY	5,603	5,700	NO	NO	
MARMATON	5,955	6,050	NO	NO	
CHEROKEE	6,095	6,159	YES	NO	
ATOKA	6,460	6,900	NO	NO	
MORROW	6,915	7,150	NO	NO	
KEYES	7,192	7,250	NO	NO	
MISSISSIPPIAN	7,317	7,350	NO	NO	
SPERGEN	7,435	7,484	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			
401477536	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"/>
401477532	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401479284	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401475759	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475762	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475765	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475766	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475772	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475773	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401479563	PDF-CEMENT BOND	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)