

Document Number:  
401496944

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 05-073-06730-00 County: LINCOLN  
 Well Name: SEQUOIA Well Number: 1-36  
 Location: QtrQtr: NENE Section: 36 Township: 7S Range: 55W Meridian: 6  
 Footage at surface: Distance: 1172 feet Direction: FNL Distance: 932 feet Direction: FEL  
 As Drilled Latitude: 39.400410 As Drilled Longitude: -103.494690

GPS Data:  
 Date of Measurement: 01/03/2018 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: 109563

Spud Date: (when the 1st bit hit the dirt) 12/07/2017 Date TD: 12/20/2017 Date Casing Set or D&A: 12/21/2017  
 Rig Release Date: 12/21/2017 Per Rule 308A.b.

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

Total Depth MD 8462 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_  
 Elevations GR 5451 KB 5469 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CPDCN MICRO LOG, AI SHALLOW FOCUSED ELECT LOG, COMPENSATED 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	12+1/4	8+5/8	23	0	437	375	0	437	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:

P&A - 40SXS @ 8265', 40SXS @ 8040', 40SXS @ 7632', 40SXS @ 7515', 40SXS @ 7350', 40SXS @ 5175'; 40SXS @ 4620'; 50SXS @ 490', 15SXS @ 40' AND 5SXS IN THE RAT HOLE AND 5SXS IN THE MOUSE HOLE. Cemented with 355 SXS of CLASS H cement.

### 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	4,261				
STONE CORRAL	6,069				
LANSING	7,112		YES	NO	DST #1
FORT SCOTT	7,575		YES	NO	DST #2 & DST #3
ATOKA	7,800		YES	NO	DST #4
MORROW	8,076				
MISSISSIPPIAN	8,314				

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>			
401509324	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"/>
401509327	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509436	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
401509438	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509452	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509469	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401509474	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)