

FORM
5Rev
09/14State 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:

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

User Group

Comment

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)