

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.

Document Number:
401889310

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 61650 Contact Name: Tom Melland

Name of Operator: MURFIN DRILLING COMPANY INC Phone: (316) 267-3241

Address: 250 N WATER ST STE 300 Fax: _____

City: WICHITA State: KS Zip: 67202

API Number 05-073-06754-00 County: LINCOLN

Well Name: Red Poll Well Number: 8-21

Location: QtrQtr: SENE Section: 21 Township: 10S Range: 56W Meridian: 6

Footage at surface: Distance: 1900 feet Direction: FNL Distance: 605 feet Direction: FEL

As Drilled Latitude: 39.166330 As Drilled Longitude: -103.661370

GPS Data:
Date of Measurement: 01/31/2019 PDOP Reading: 1.9 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: _____

Spud Date: (when the 1st bit hit the dirt) 11/20/2018 Date TD: 12/09/2018 Date Casing Set or D&A: 12/11/2018

Rig Release Date: 12/11/2018 Per Rule 308A.b.

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

Total Depth MD 8400 TVD** _____ Plug Back Total Depth MD 8347 TVD** _____

Elevations GR 5489 KB 5502 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
DIL, DUCP, MEL, BHCS

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	24	0	432	300	0	432	VISU
1ST	7+7/8	5+1/2	17	5724	8,400	340	5,724	8,400	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	2ND	5,291	240	3,330	5,291

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	
D SAND	4,527		NO	NO	
J SAND	4,571		NO	NO	
LANSING	7,066		NO	NO	
MARMATON	7,382		YES	NO	
FORT SCOTT	7,466		YES	NO	
MORROW	8,004		NO	NO	
KEYES	8,210		NO	NO	
MISSISSIPPIAN	8,240		NO	NO	
SPERGEN	8,253		NO	NO	
OSAGE	8,330		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: Margo Grover

Title: Production Assistant Date: _____ Email: mgrover@murfininc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401920588	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"/>
401918709	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			
401918634	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918642	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918643	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918648	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918656	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918663	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918691	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918697	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918704	PDF-CBL 1ST RUN	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)

