

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:
401948352

Date Received:

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 05-073-06758-00 County: LINCOLN

Well Name: DIXIE Well Number: 1-5

Location: QtrQtr: SWSE Section: 5 Township: 11S Range: 54W Meridian: 6

Footage at surface: Distance: 1057 feet Direction: FSL Distance: 1678 feet Direction: FEL

As Drilled Latitude: 39.114080 As Drilled Longitude: -103.467260

GPS Data:
Date of Measurement: 03/06/2019 PDOP Reading: 1.8 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) 01/10/2019 Date TD: 01/21/2019 Date Casing Set or D&A: 01/23/2019

Rig Release Date: 01/23/2019 Per Rule 308A.b.

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

Total Depth MD 7634 TVD** _____ Plug Back Total Depth MD 6773 TVD** _____

Elevations GR 5077 KB 5096 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CPDCN MICRO LOG; AI SHALLOW FOCUSED ELECT LOG; COMP SONIC W/INTEGRATED TRANSIT TIME; CALIPER LOG; COMPOSITE LOG

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	474	280	0	280	VISU
2ND	7+7/8	5+1/2	17	0	6,810	390	2,980	6,810	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	5,072		NO	NO	
NEVA	5,523		NO	NO	
HEEBNER	6,181		NO	NO	
LANSING	6,241		NO	NO	
MARMATON	6,597		YES	NO	
MORROW	7,206		NO	NO	
MISSISSIPPIAN	7,519		NO	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: MICHAEL REILLY

Title: PRESIDENT

Date: _____

Email: MREILLY@GMOCKS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401958244	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"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401965372	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401948360	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958212	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958219	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958226	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958235	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958239	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401962061	WELLBORE DIAGRAM	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)

