

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



Document Number:

401846295

Date Received:

12/12/2018

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-073-06753-00 County: LINCOLN  
Well Name: COLUMBINE Well Number: 8-24  
Location: QtrQtr: SENE Section: 24 Township: 9S Range: 56W Meridian: 6  
Footage at surface: Distance: 2040 feet Direction: FNL Distance: 600 feet Direction: FEL  
As Drilled Latitude: 39.252820 As Drilled Longitude: -103.605140

GPS Data:  
Date of Measurement: 12/10/2018 PDOP Reading: 2.3 GPS Instrument Operator's Name: Elijah Frane of 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: 111279

Spud Date: (when the 1st bit hit the dirt) 10/30/2018 Date TD: 11/14/2018 Date Casing Set or D&A: 11/17/2018  
Rig Release Date: 11/17/2018 Per Rule 308A.b.

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

Total Depth MD 8574 TVD\*\* Plug Back Total Depth MD 8574 TVD\*\*  
Elevations GR 5380 KB 5393 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
Density Neutron, Induction, Sonic, Microlog, Caliper, Mud

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	455	350	0	455	VISU
OPEN HOLE	7+7/8			455	8,574				

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	
NIOBRARA	3,516		NO	NO	
D SAND	4,507		NO	NO	
J SAND	4,544		NO	NO	
LANSING	7,056		NO	NO	
MARMATON	7,470		NO	NO	
FORT SCOTT	7,554		NO	NO	
MORROW	8,164		NO	NO	
MISSISSIPPIAN	8,470		NO	NO	

Operator Comments

\_\_\_\_\_

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: 12/12/2018

Email: mgrover@murfininc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401856323	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
401846295	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401846359	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401846366	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401846369	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401846372	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401846387	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401856311	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401859753	PDF-MUD	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)

