

FORM
5
Rev
10/14

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:
402114356
Date Received:

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/or 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: 10299 Contact Name: Jake Flora
Name of Operator: KUENZLER & FLORA RESERVE COMPANY Phone: (720) 988-5375
Address: 3310 W AQUEDUCT AVE Fax:
City: LITTLETON State: CO Zip: 80123 Email: jakeflora@kfrcorp.com

API Number 05-017-07255-00 County: CHEYENNE
Well Name: BOGENHAGEN Well Number: 1
Location: QtrQtr: SESW Section: 31 Township: 14S Range: 46W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 658 feet Direction: FSL Distance: 1977 feet Direction: FWL
As Drilled Latitude: 38.781890 As Drilled Longitude: -102.603610
GPS Data:
Date of Measurement: 06/05/2019 PDOP Reading: 2.3 GPS Instrument Operator's Name: Elijah Frane
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
Sec: Twp: Rng:
FNL/FSL FEL/FWL
** 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) 06/26/2019 Date TD: 06/28/2019 Date Casing Set or D&A: 06/29/2019
Rig Release Date: 06/29/2019 Per Rule 308A.b.

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

Total Depth MD 5548 TVD** Plug Back Total Depth MD 5538 TVD**
Elevations GR 4362 KB 4371 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
No open hole logs were run, this was a re-entry

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	427	240	0	427	VISU
1ST	7+7/8	5+1/2	20	0	5,538	125	5,322	5,538	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	2,172	150	820	2,202

Details of work:

Open port collar with 2-7/8" tubing, pump 150 sx lite cement (1.89 yield) with full returns at surface, close port collar, pressure casing to 500 psi, holding. Trip tubing out of hole.

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	
DAKOTA	1,642		NO	NO	
CHEYENNE	1,980		NO	NO	
SHAWNEE	4,090		NO	NO	
LANSING	4,329		NO	NO	
CHEROKEE	4,900		NO	NO	
MORROW	5,215		NO	NO	
SPERGEN	5,473		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: Jake Flora

Title: Petroleum Engineer Date: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402114415	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"/>
Other Attachments			
402114406	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

