

FORM
5Rev
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:

402188873

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: 10646

Contact Name: Kamrin Ruder

Name of Operator: AXIS EXPLORATION LLC

Phone: (720) 9747743

Address: 370 17TH ST SUITE 5300

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kruder@extractionog.com

API Number 05-005-07374-00

County: ARAPAHOE

Well Name: Jamaso 4-65

Well Number: 5-6-12

Location: QtrQtr: SWNW Section: 4 Township: 4S Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2449 feet Direction: FNL Distance: 1256 feet Direction: FWL

As Drilled Latitude: 39.733281 As Drilled Longitude: -104.673842

GPS Data:

Date of Measurement: 08/12/2019 PDOP Reading: 1.8 GPS Instrument Operator's Name: ARISTO CAUWELS

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 462 feet Direction: FSL Dist: 460 feet Direction: FEL
Sec: 5 Twp: 4S Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 487 feet Direction: FSL Dist: 509 feet Direction: FWL
Sec: 6 Twp: 4S Rng: 65W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/24/2019 Date TD: 07/14/2019 Date Casing Set or D&A: 07/15/2019

Rig Release Date: 08/02/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 18308 TVD** 7992 Plug Back Total Depth MD 18923 TVD** 7992

Elevations GR 5585 KB 5610

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, MWD, (RESISTIVITY 005-07375)

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
CONDUCTOR	24	16	42	0	80	100	0	80	VISU
SURF	12+1/4	9+5/8	36	0	2,717	865	0	2,717	VISU
1ST	8+1/2	5+1/2	20	0	18,293	2,950	95	18,293	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	
PARKMAN	5,725		NO	NO	
SUSSEX	6,098		NO	NO	
SHANNON	6,678		NO	NO	
SHARON SPRINGS	8,250		NO	NO	
NIOBRARA	8,355		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well. Triple Combination ran on Jamaso 4-65 5-6-10 (005-07375)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kamrin Ruder

Title: Drilling Technician Date: _____ Email: kruder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402189034	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402189028	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input 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>		
402189023	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402189024	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402189026	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402194137	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402195715	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)

