

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:
402202468

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: 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 Email: MREILLY@GMOCKS.COM

API Number 05-073-06769-00 County: LINCOLN
Well Name: NANA UNIT Well Number: 1-16
Location: QtrQtr: SESE Section: 16 Township: 7S Range: 55W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 986 feet Direction: FSL Distance: 328 feet Direction: FEL
As Drilled Latitude: 39.435250 As Drilled Longitude: -103.549240
GPS Data:
Date of Measurement: 08/23/2019 PDOP Reading: 2.3 GPS Instrument Operator's Name: FRANE SURVEYING
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) 07/28/2019 Date TD: 08/17/2019 Date Casing Set or D&A: 08/18/2019
Rig Release Date: 08/19/2019 Per Rule 308A.b.

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

Total Depth MD 8505 TVD** _____ Plug Back Total Depth MD 8319 TVD** _____
Elevations GR 5433 KB 5452 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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	483	354	0	483	VISU
1ST	7+7/8	5+1/2	17	0	8,341	435	5,580	8,341	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	1ST	5,197	155	3,850	5,197

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	
DAKOTA	4,823	4,965	NO	NO	
CHEYENNE	5,092	5,215	NO	NO	
MORRISON	5,306	5,459	NO	NO	
CEDAR HILLS	6,019	6,127	NO	NO	
STONE CORRAL	6,229	6,240	NO	NO	
NEVA	6,660	6,699	NO	NO	
LANSING	7,266	7,612	NO	NO	
MARMATON	7,612	7,761	YES	NO	DST #1
ATOKA	7,931	8,213	NO	NO	
MORROW	8,205	8,454	NO	NO	
MISSISSIPPIAN	8,454		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: MICHAEL REILLYTitle: PRESIDENT

Date: _____

Email: MREILLY@GMOCKS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402202657	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"/>
402202585	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
402202515	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402202517	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402202523	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402202537	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402202553	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402202555	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402202913	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402203896	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)

