

FORM
5Rev
02/20

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:

402313057

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 05-073-06772-00

County: LINCOLN

Well Name: DADO

Well Number: 1-21

Location: QtrQtr: SENE Section: 21 Township: 7S Range: 55W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1872 feet Direction: FNL Distance: 614 feet Direction: FEL

As Drilled Latitude: 39.427390 As Drilled Longitude: -103.550150

GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 02/13/2020

GPS Instrument Operator's Name:

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) 01/02/2020 Date TD: 01/17/2020 Date Casing Set or D&A: 01/19/2020

Rig Release Date: 01/19/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8655 TVD** Plug Back Total Depth MD 8593 TVD**

Elevations GR 5488 KB 5507

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

List Electric Logs Run:

RESISTIVITY LOG; MICRO LOG; CALIPER LOG; POROSITY LOG; SONIC LOG; CBL 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	24	0	513	380	0	513	VISU
1ST	7+7/8	5+1/2	17	0	8,636	400	5,598	8,636	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/19/2020

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,263	250	3,426	5,180

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	4,859	5,070	NO	NO	
CHEYENNE	5,135	5,231	NO	NO	
MORRISON	5,348	5,501	NO	NO	
CEDAR HILLS	6,066	6,171	NO	NO	
STONE CORRAL	6,276	6,286	NO	NO	
LANSING	7,314	7,657	NO	NO	
MARMATON	7,661	7,811	YES	NO	DST #1
ATOKA	7,979	8,258	NO	NO	
MORROW	8,258	8,502	NO	NO	
MISSISSIPPIAN	8,502		NO	NO	MISSISSIPPIAN NOT PENETRATED

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 REILLY

Title: PRESIDENT

Date: _____

Email: MREILLY@GMOCKS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402313211	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402333967	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313179	DST Analysis	Yes <input checked="" type="checkbox"/> No <input 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>		
402313167	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313168	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313169	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313171	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313172	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313173	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313175	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402333986	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)

