

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:

402313065

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 05-121-11081-00

County: WASHINGTON

Well Name: The Undeafated

Well Number: 1-7

Location: QtrQtr: Lot 3 Section: 7 Township: 5S Range: 53W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1441 feet Direction: FSL Distance: 412 feet Direction: FWL

As Drilled Latitude: 39.626600 As Drilled Longitude: -103.366970

GPS Data: GPS Quality Value: 2.3 Type of GPS Quality Value: PDOP Date of Measurement: 04/06/2020

GPS Instrument Operator's Name: ELIJAH FRANE - 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) 01/25/2020 Date TD: 02/07/2020 Date Casing Set or D&A: 02/09/2020

Rig Release Date: 02/09/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8073 TVD** Plug Back Total Depth MD 7390 TVD**

Elevations GR 5111 KB 5130

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

List Electric Logs Run:

MICRO LOG; CPDCN RESISTIVITY LOG; CALIPER LOG; POROSITY LOG; SONIC LOG; CBL

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	486	300	0	496	VISU
1ST	7+7/8	5+1/2	17	0	7,440	330	3,635	7,440	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	
DAKOTA	4,557	4,742	NO	NO	
CHEYENNE	4,892	5,180	NO	NO	
MORRISON	5,269	5,385	NO	NO	
CEDAR HILLS	5,754	5,845	NO	NO	
STONE CORRAL	5,944	5,959	NO	NO	
LANSING	6,861	7,199	NO	NO	
MARMATON	7,226	7,356	YES	NO	DST #1
MORROW	7,775	7,996	NO	NO	
MISSISSIPPIAN	7,996		NO	NO	ZONE 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>		
402352874	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"/>
402313298	DST Analysis	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402363981	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
402313299	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313305	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313306	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313308	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313311	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402313315	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402352776	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402353087	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)

