

FORM  
5Rev  
11/20

## 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:

402562209

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: 10720

Contact Name: Anders Elgerd

Name of Operator: KODA EXPLORATION LLC

Phone: (303) 915-2555

Address: 2443 SOUTH UNIVERSITY BLVD 215

Fax:

City: DENVER

State: CO

Zip: 80210

Email: elgerd@comcast.net

API Number 05-073-06776-00

County: LINCOLN

Well Name: WHP Misty

Well Number: 2-7

Location: QtrQtr: NWNE

Section: 7

Township: 17S

Range: 54W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 952 feet

Direction: FNL

Distance: 2074 feet

Direction: FEL

As Drilled Latitude: 38.593580

As Drilled Longitude: -103.492650

GPS Data: GPS Quality Value: 2.4

Type of GPS Quality Value: PDOP

Date of Measurement: 01/19/2021

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 925 feet

Direction: FNL

Dist: 2017 feet

Direction: FEL

Sec: 7

Twp: 17S

Rng: 54W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 973 feet

Direction: FNL

Dist: 2071 feet

Direction: FEL

Sec: 7

Twp: 17S

Rng: 54W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/04/2020

Date TD: 11/26/2020

Date Casing Set or D&amp;A: 12/01/2020

Rig Release Date: 12/02/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7140

TVD\*\* 7134

Plug Back Total Depth MD 6961

TVD\*\* 6956

Elevations GR 4765

KB 4779

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, Triple Combo

### CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
SURF	12+1/4	9+5/8	J-55	36	0	500	195	500	0	VISU
1ST	8+3/4	5+1/2	P-110	17	0	7006	900	7006	4050	CBL

Bradenhead Pressure Action Threshold 150 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

Going forward the operator will be sure to comply with Rule 408.g.  
SURFACE: A total of 3 centralizers were run: 482' MD(KB), 461' MD(KB), and 421' MD(KB).  
PRODUCTION: A total of 18 centralizers were run (all depths are MD (KB)): 7000', 6962', 6917', 6880', 6753', 6715', 6679', 5609', 5565', 5389', 5351', 5238', 5195', 4096', 4039', 4006', 3963', 3926'.  
One cement basket was run at 4096' MD (KB) on the Production String

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/01/2020

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,049	600	1,600	4,049

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	
PIERRE	1				
NIOBRARA	1,543				
FORT HAYS	1,631				
DAKOTA	2,136				
MORRISON	2,264				
DOCKUM	2,759				
BLAINE	3,295				
LYONS	3,397				
STONE CORRAL	3,565				
WOLFCAMP	4,157				
LANSING-KANSAS CITY	4,945				
MARMATON	5,389				
CHEROKEE	5,520				
ATOKA	5,922				
MORROW	6,393				
KEYES	6,613				
SPERGEN	6,763				

Operator Comments:

The cementing contractor did not provide cement verification reports that meet the requirements outlined in the COGCC operator guidance for Rule 308.A.B(2)A.ii. Operator has provided everything that they have.

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

Signed: \_\_\_\_\_

Print Name: Ashley Noonan

Title: Regulatory Consultant

Date: \_\_\_\_\_

Email: anoonan@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402581888	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402586548	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>					
402580196	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402581578	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402582276	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402585757	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402587106	PDF-TRIPLE COMBINATION	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)

