

FORM  
5

Rev  
12/20

# 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:

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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: 10360 Contact Name: mark bieker  
Name of Operator: NAVEX RESOURCES LLC Phone: (785) 6504836  
Address: 1020 E LEVEE STREET, SUITE 130 Fax: \_\_\_\_\_  
City: DALLAS State: TX Zip: 75207 Email: mabieker@gmail.com

API Number 05-063-06352-00 County: KIT CARSON  
Well Name: Travis Well Number: 1-10  
Location: QtrQtr: SENE Section: 10 Township: 11S Range: 45W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 2381 feet Direction: FNL Distance: 1236 feet Direction: FEL  
As Drilled Latitude: 39.108632 As Drilled Longitude: -102.432658  
GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Date of Measurement: \_\_\_\_\_  
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) 04/19/2023 Date TD: 05/06/2023 Date Casing Set or D&A: \_\_\_\_\_  
Rig Release Date: 05/07/2023 Per Rule 308A.b.

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

Total Depth MD 6069 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_  
Elevations GR 4368 KB 4381 Digital Copies of ALL Logs must be Attached

List All Logs Run:  
Caliper, composite, dipole sonic, porosity, resistivity

**FLUID VOLUMES USED IN DRILLING OPERATIONS**  
(Enter "0" if a type of a fluid was not used. Do not leave blank.)  
Total Fluids (bbls): 6630 Fresh Water (bbls): 6630  
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

### CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	24+0/0	16+0/0	A500	52.49	0	24	30	24	0	VISU
SURF	12+1/4	8+5/8	J-55	24	0	656	375	656	0	VISU

Bradenhead Pressure Action Threshold 197 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? Yes

If "NO", provide details below.

### 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	
NIOBRARA	1,220	1,829	NO	NO	
FORT HAYS	1,829	1,902	NO	NO	
DAKOTA	2,260	2,121	NO	NO	
MORRISON	2,676	2,776	NO	NO	
BLAINE	3,183	3,280	NO	NO	
STONE CORRAL	3,457	3,492	NO	NO	
FORAKER	4,092	4,140	NO	NO	
SHAWNEE	4,399	4,555	NO	NO	
LANSING	4,579	4,895	NO	NO	
MARMATON	4,895	5,038	NO	NO	
CHEROKEE	5,038	5,138	NO	NO	
ATOKA	5,138	5,294	NO	NO	
MORROW-UPPER	5,294	5,396	NO	NO	
MORROW	5,396	5,454	NO	NO	
SPERGEN	5,454	5,520	YES	NO	
WARSAW	5,520	5,560	NO	NO	
OSAGE	5,560	5,620	NO	NO	
ARBUCKLE	5,671	5,806	NO	NO	
REAGAN	5,978	6,000	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: mark bieker

Title: consultant Date: \_\_\_\_\_ Email: mabieker@gmail.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403395875	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"/>
403395874	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395870	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
403395858	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395859	TIF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395860	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395861	TIF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395862	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395863	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395864	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395865	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395866	TIF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395867	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395868	TIF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395873	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403395876	INCLINATION SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403397052	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403398453	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)