

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:

403422996

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 05-063-06353-00 County: KIT CARSON
Well Name: Pfaffly Well Number: 1-12
Location: QtrQtr: NWSW Section: 12 Township: 11S Range: 46W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1602 feet Direction: FSL Distance: 1269 feet Direction: FWL
As Drilled Latitude: 39.103763 As Drilled Longitude: -102.516761
GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Date of Measurement: 10/02/2021

** 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: FNL/FSL FEL/FWL

Field Name: SMOKY HILL Field Number: 77570

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/10/2023 Date TD: 06/25/2023 Date Casing Set or D&A: 06/28/2023

Rig Release Date: 06/29/2023 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6082 TVD** Plug Back Total Depth MD TVD**

Elevations GR 4467 KB 4480 Digital Copies of ALL Logs must be Attached

List All Logs Run:

Caliper, Composite, Induction, Porosity, Sonic,

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): Fresh Water (bbls):

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

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>
CONDUCTOR	24+0/0	16+0/0	A500	52.49	0	10	20	10	0	VISU
SURF	12+1/4	8+5/8	J-55	24	0	651	575	651	0	VISU
1ST	7+7/8	5+1/2	J-55	15.5	0	6081	440	6081		CBL
	7+7/8	5+1/2	J-55	Stage Tool	2986	2987	400	2987	0	CBL

Bradenhead Pressure Action Threshold 195 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: 05/29/2023

<u>Method used</u>	<u>String</u>	<u>Cementing tool setting/perf depth</u>	<u>Cement volume</u>	<u>Cement top</u>	<u>Cement bottom</u>
1 INCH	SURF	110	200	0	110
STAGE TOOL	1ST	2,986	400	0	2,986

Details of work:

Surface Casing: Cemented 8 5/8" from 651' to 110' with 375 sks. Ran 1" and found top of cement at 110' from surface, pumped 200 sks with full returns to surface. Production casing: Cemented 1st stage with 440 sks. Cemented stage tool at 2986' to surface with additio al 400 sks and full returns.

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	1,344	1,931	NO	NO	
FORT HAYS	1,931	2,357	NO	NO	
DAKOTA	2,357	2,784	NO	NO	
MORRISON	2,784	3,348	NO	NO	
BLAINE	3,348	3,599	NO	NO	
STONE CORRAL	3,599	4,230	NO	NO	
FORAKER	4,230	4,532	NO	NO	
SHAWNEE	4,532	4,716	NO	NO	
LANSING	4,716	5,021	YES	NO	
MARMATON	5,021	5,157	YES	NO	
CHEROKEE	5,157	5,261	NO	NO	
ATOKA	5,261	5,413	NO	NO	
MORROW-UPPER	5,413	5,553	YES	NO	
MORROW	5,553	5,607	NO	NO	
SPERGEN	5,607	5,660	NO	NO	
WARSAW	5,660	5,700	NO	NO	
OSAGE	5,700	5,833	NO	NO	
ARBUCKLE	5,833	5,952	NO	NO	
REAGAN	5,952	6,082	YES	NO	Reagan DST tool failed

Operator Comments:

Planning on starting completion (drill out port collar, run casing bond log, perforate and test) mid to late July when equipment is available. CBL log to be added at that time.

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 ?	
Attachment Checklist			
403423121	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403423146	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403426748	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423117	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
403423053	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423054	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423055	TIF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423056	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423058	TIF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423059	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423061	TIF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423062	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423063	TIF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423066	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423071	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423076	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423077	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423078	LAS-LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423079	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423081	TIF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423083	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423085	TIF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423087	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423090	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423091	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423093	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403423102	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403437225	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403527914	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	RTD for Operator to change this to a Form 5 Final. Attach the CBL, update the casing table and enter the fluids used during drilling operations.	09/12/2023

Total: 1 comment(s)