

**FORM  
5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400315500

Date Received:

08/14/2012

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 74770

4. Contact Name: John Niernberger

2. Name of Operator: RITCHIE EXPLORATION INC

Phone: (316) 691-9520

3. Address: P O BOX 783188

Fax: (316) 691-9550

City: WICHITA State: KS Zip: 67278-

5. API Number 05-063-06344-00

6. County: KIT CARSON

7. Well Name: HORNUNG 34B

Well Number: 1

8. Location: QtrQtr: NENW Section: 34 Township: 10S Range: 46W Meridian: 6

Footage at surface: Distance: 710 feet Direction: FNL Distance: 1481 feet Direction: FWL

As Drilled Latitude: 39.138520 As Drilled Longitude: -102.533900

## GPS Data:

Date of Measurement: 01/26/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Elijah Frane

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/18/2012 13. Date TD: 08/01/2012 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 5954 TVD\*\* 17 Plug Back Total Depth MD 5954 TVD\*\*

18. Elevations GR 4488 KB 4499

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

Neutron Density, Dual Induction

## 20. Casing, Liner and Cement:

**CASING**

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	23	0	440	285	0	440	VISU

**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:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
STONE CORRAL	3,692	3,730	<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,794	4,814	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,842	5,179	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,458	5,618	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,618	5,750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,750	5,810	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-SPERGEN	5,810	5,954	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Karen Hopper

Title: Production Assistant Date: 8/14/2012 Email: production@ritchie-exp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400315511	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"/>
	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>					
400315500	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315505	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315507	PDF-DUAL INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315509	PDF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315510	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400315513	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Operator sent 3 DST's (in one file). Fwd'd to scanning. F4-Request for Confidential - printed and gave to front desk.	8/14/2012 2:13:15 PM

Total: 1 comment(s)