

FORM
5Rev
09/14

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:

401846295

Date Received:

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

OGCC Operator Number: 61650

Contact Name: Tom Melland

Name of Operator: MURFIN DRILLING COMPANY INC

Phone: (316) 267-3241

Address: 250 N WATER ST STE 300

Fax:

City: WICHITA

State: KS

Zip: 67202

API Number 05-073-06753-00

County: LINCOLN

Well Name: COLUMBINE

Well Number: 8-24

Location: QtrQtr: SENE Section: 24 Township: 9S Range: 56W Meridian: 6

Footage at surface: Distance: 2040 feet Direction: FNL Distance: 600 feet Direction: FEL

As Drilled Latitude: 39.252820 As Drilled Longitude: -103.605140

GPS Data:

Date of Measurement: 12/10/2018 PDOP Reading: 2.3 GPS Instrument Operator's Name: Elijah Frane of 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:

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: 111279

Spud Date: (when the 1st bit hit the dirt) 10/30/2018 Date TD: 11/14/2018 Date Casing Set or D&A: 11/17/2018

Rig Release Date: 11/17/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8574 TVD** Plug Back Total Depth MD 8574 TVD**

Elevations GR 5380 KB 5393 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Density Neutron, Induction, Sonic, Microlog, Caliper

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	455	350	0	455	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:

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	3,516		NO	NO	
D SAND	4,507		NO	NO	
J SAND	4,544		NO	NO	
LANSING	7,056		NO	NO	
MARMATON	7,470		NO	NO	
FORT SCOTT	7,554		NO	NO	
MORROW	8,164		NO	NO	
MISSISSIPPIAN	8,470		NO	NO	

Comment:

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

Signed: _____

Print Name: Margo Grover

Title: Production Assistant

Date: _____

Email: mgrover@murfininc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401856323	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>		
401846359	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401846366	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401846369	PDF-POROSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401846372	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401846387	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401856311	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401859753	PDF-MUD	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)

