

FORM
5

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2035851

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: 19160

4. Contact Name: JUSTIN FIRKINS

2. Name of Operator: CONOCO PHILLIPS COMPANY

Phone: (505) 326-9793

3. Address: P O BOX 2197

Fax: (505) 599-4062

City: HOUSTON State: TX Zip: 77252-

5. API Number 05-045-14367-00

6. County: GARFIELD

7. Well Name: N.PARACHUTE

Well Number: CP11A-06-E06 59

8. Location: QtrQtr: SWNW Section: 6 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 2012 feet Direction: FNL Distance: 1058 feet Direction: FWL

As Drilled Latitude: 39.645637 As Drilled Longitude: -108.214031

GPS Data:

Date of Measurement: 07/17/2008 PDOP Reading: 2.8 GPS Instrument Operator's Name: GREG OLSEN

** If directional footage at Top of Prod. Zone Dist.: 2317 feet. Direction: FSL Dist.: 1418 feet. Direction: FWL

Sec: 6 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2114 feet. Direction: FSL Dist.: 1094 feet. Direction: FWL

Sec: 6 Twp: 5S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC65768

12. Spud Date: (when the 1st bit hit the dirt) 11/27/2007 13. Date TD: 01/09/2008 14. Date Casing Set or D&A: 01/08/2008

15. Well Classification:

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

16. Total Depth MD 11541 TVD** 11443 17 Plug Back Total Depth MD 11425 TVD** 11327

18. Elevations GR 8339 KB 8363

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:

BV; BVP/XRMI; HRI/SD/DSN; ERMI; WSCD; CBL; USIT/GR/CCL; RCBL; DSN/SD/HRI; MUD

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
CONDUCTOR	26	20		0	80		0	80	VISU
SURF	17+1/2	10+3/4		0	2,040	1,776	0	2,040	VISU
1ST	9+5/8	7		0	7,337	1,055	0	7,337	CALC
2ND	6+1/8	4+1/2		0	11,384	1,210	0	11,484	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WASATCH	3,200		<input type="checkbox"/>	<input type="checkbox"/>	GARDEN GULCH 1990
OHIO CREEK	6,474		<input type="checkbox"/>	<input type="checkbox"/>	WASATCH I 5219
WILLIAMS FORK	6,919		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,576		<input type="checkbox"/>	<input type="checkbox"/>	WELL SHUT IN PENDING FURTHER EVALUATION FOR
ROLLINS	10,136		<input type="checkbox"/>	<input type="checkbox"/>	REMEDICATION & COMPLETION.
COZZETTE	10,340		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,662		<input type="checkbox"/>	<input type="checkbox"/>	TD 11541

Comment:

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

Signed: Y Print Name: JUSTIN FIRKINS

Title: REGULATORY SPECIALIST Date: 7/23/2008 Email: JUSTIN.C.FIRKINS@CONOCOPHILLIPS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1773387	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)