

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:

1937909

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
2. Name of Operator: CONOCO PHILLIPS COMPANY
3. Address: P O BOX 2197
City: HOUSTON State: TX Zip: 77252-
4. Contact Name: JUSTIN FIRKINS
Phone: (505) 326-9793
Fax: (505) 599-4062

5. API Number 05-045-14534-00
6. County: GARFIELD
7. Well Name: SGU Well Number: CP11D-34 M34 49
8. Location: QtrQtr: SWSW Section: 34 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 830 feet Direction: FSL Distance: 622 feet Direction: FWL
As Drilled Latitude: 39.653605 As Drilled Longitude: -108.161932

GPS Data:

Date of Measurement: 05/14/2008 PDOP Reading: 2.1 GPS Instrument Operator's Name: BEN JOHNSON

** If directional footage at Top of Prod. Zone Dist.: 1633 feet. Direction: FSL Dist.: 2423 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1652 feet. Direction: FSL Dist.: 2413 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 96W

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) 10/07/2007 13. Date TD: 04/30/2008 14. Date Casing Set or D&A: 05/05/2008

15. Well Classification:

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

16. Total Depth MD 11970 TVD** 11518 17 Plug Back Total Depth MD 11640 TVD** 11188

18. Elevations GR 8374 KB 8392
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:

SPECTRAL DENSITY, BOREHOLE, CBL, VDL, GR-CCL, 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	97	6	0	97	CALC
SURF	17+1/2	10+3/4		0	2,000	1,530	0	2,000	CALC
1ST	9+5/8	7		0	8,475	970		8,475	CALC
2ND	6+1/8	4+1/2		0	11,955	370	7,180	11,955	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref 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	
WASATCH	4,019		<input type="checkbox"/>	<input type="checkbox"/>	TD 11970'
OHIO CREEK	7,497		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,986		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,726		<input 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: Y Print Name: JUSTIN FIRKINS

Title: REGULATORY SPECIALIST Date: 10/17/2008 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"/>
1826568	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

User Group	Comment	Comment Date

Total: 0 comment(s)