

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



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Document Number:

1905556

Date Received:

05/15/2009

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 ATTN: SHARO Fax: (505) 599-4062
 City: HOUSTON State: TX Zip: 77252-

5. API Number 05-045-15497-00 6. County: GARFIELD
 7. Well Name: SGU Well Number: CP12D-23 M23 49
 8. Location: QtrQtr: SWSW Section: 23 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 285 feet Direction: FSL Distance: 731 feet Direction: FWL
 As Drilled Latitude: 39.681356 As Drilled Longitude: -108.142794

GPS Data:
 Date of Measurement: 07/17/2008 PDOP Reading: 2.1 GPS Instrument Operator's Name: GREG OLSEN

** If directional footage at Top of Prod. Zone Dist.: 1682 feet. Direction: FSL Dist.: 1108 feet. Direction: FWL
 Sec: 23 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1544 feet. Direction: FSL Dist.: 1006 feet. Direction: FWL
 Sec: 23 Twp: 4S Rng: 96W

9. Field Name: UNNAMED 10. Field Number: 85251
 11. Federal, Indian or State Lease Number: COC-64814

12. Spud Date: (when the 1st bit hit the dirt) 08/11/2008 13. Date TD: 09/13/2008 14. Date Casing Set or D&A: 09/15/2008

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12160 TVD** 11975 17 Plug Back Total Depth MD 12065 TVD** 11880

18. Elevations GR 8042 KB 8059 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:
ARRAY IND, GR, SP, ISO SCANNER, GR, CBL/VDL/GR/CCL, GR, CCL, TEMP, MUD (5)

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	20	16		0	93		0	93	
SURF	13+3/8	9+5/8		0	2,392	1,340	0	2,392	
1ST	8+3/4	7		0	8,629	944	6,910	8,629	
2ND	6+1/8	4+1/2		0	12,155	310	6,910	12,155	CBL

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	
WASATCH	4,004		<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH A	6,314		<input type="checkbox"/>	<input type="checkbox"/>	THIS FORMATION LISTED AS WASATCH I
OHIO CREEK	7,628		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	8,076		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	11,300		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,922		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CEMENT TICKETS SCANNED IN DOC # 2069411

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: 5/8/2009 Email: JUSTIN.C.FIRKINS@CONOCOPHILLIPS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1787517	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)