

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:
400442148

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

1. OGCC Operator Number: 19160 4. Contact Name: Rebecca Tidwell
 2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: (432) 688-6917
 3. Address: P O BOX 2197 Fax: (432) 688-6019
 City: HOUSTON State: TX Zip: 77252-

5. API Number 05-005-07199-01 6. County: ARAPAHOE
 7. Well Name: Tebo 1 Well Number: 1H
 8. Location: QtrQtr: Lot 1 Section: 1 Township: 5S Range: 64W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 250 feet Direction: FEL
 As Drilled Latitude: 39.649250 As Drilled Longitude: -104.491469

GPS Data:

Date of Measurement: 06/12/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: Robert Kay

** If directional footage at Top of Prod. Zone Dist.: 607 feet. Direction: FNL Dist.: 823 feet. Direction: FEL

Sec: 1 Twp: 5S Rng: 64W

** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FNL Dist.: 480 feet. Direction: FWL

Sec: 1 Twp: 5S Rng: 64W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 99999

12. Spud Date: (when the 1st bit hit the dirt) 01/29/2013 13. Date TD: 02/19/2013 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11914 TVD** 7617 17 Plug Back Total Depth MD 11851 TVD** 7615

18. Elevations GR 5932 KB 5956

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:

GR/CBL/CCL

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	9+5/8	36	0	2,130	680	0	2,130	
1ST	8+3/4	7+0/0	26	0	7,942	530	2,030	7,942	
1ST LINER	6+1/8	4+1/2	13.2	0	11,920				

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	
NIOBRARA	7,460		<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: _____ Print Name: Rebecca Tidwell

Title: Regulatory Technician Date: _____ Email: rebecca.draehn@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"/>
	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"/>
Other Attachments			
400444893	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452646	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)