

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.

Document Number:
400478589

Date Received:

Completion Type Final completion Preliminary completion

| | |
|----------------------------------------------------------|------------------------------------|
| 1. OGCC Operator Number: <u>19160</u> | 4. Contact Name: <u>Dave Banko</u> |
| 2. Name of Operator: <u>CONOCO PHILLIPS COMPANY</u> | Phone: <u>(303) 820-4480</u> |
| 3. Address: <u>P O BOX 2197</u> | Fax: <u>(303) 820-4124</u> |
| City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252-</u> | |

| | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 5. API Number <u>05-001-09759-00</u> | 6. County: <u>ADAMS</u> |
| 7. Well Name: <u>State of Colorado 36</u> | Well Number: <u>1</u> |
| 8. Location: QtrQtr: <u>NWSE</u> Section: <u>36</u> Township: <u>3s</u> Range: <u>64w</u> Meridian: <u>6</u> | |
| Footage at surface: Distance: <u>2396</u> feet Direction: <u>FSL</u> | Distance: <u>2600</u> feet Direction: <u>FEL</u> |
| As Drilled Latitude: <u>39.744706</u> | As Drilled Longitude: <u>-104.497933</u> |

GPS Data:
 Date of Measurement: 05/09/2013 PDOP Reading: 2.9 GPS Instrument Operator's Name: Dallas Nielsen

** 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: _____

| | |
|----------------------------------------------------------|--------------------------------|
| 9. Field Name: <u>WILDCAT</u> | 10. Field Number: <u>99999</u> |
| 11. Federal, Indian or State Lease Number: <u>9829.9</u> | |

12. Spud Date: (when the 1st bit hit the dirt) 12/13/2012 13. Date TD: 12/25/2012 14. Date Casing Set or D&A: 12/28/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

| | |
|-----------------------------------------------|--------------------------------------------------------|
| 16. Total Depth MD <u>7700</u> TVD** _____ | 17 Plug Back Total Depth MD <u>7680</u> TVD** _____ |
|-----------------------------------------------|--------------------------------------------------------|

| | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 18. Elevations GR <u>5555</u> KB <u>5579</u> | 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:

RT Scanner/Sonic Scanner/Density/Neutron/GR/HNGS
Mudlog
MWD/GR

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 | 24 | 16 | CMP | 0 | 100 | 440 | 0 | 100 | VISU |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,803 | 689 | 0 | 1,803 | VISU |
| 1ST | 8+3/4 | 7 | 32 | 0 | 7,680 | 550 | 2,080 | 7,680 | CALC |

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 | |
| SHARON SPRINGS | 7,134 | 7,174 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Core #1 7,080' to 7,260' |
| NIOBRARA | 7,174 | 7,491 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Core #1 7,080' to 7,260', Core #2 7,260' to 7,440', Core #3 7,440' to 7,620' |
| FORT HAYS | 7,491 | 7,520 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Core #3 7,440' to 7,620' |
| CARLILE | 7,520 | 7,583 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Core #3 7,440' to 7,620' |
| GREENHORN | 7,583 | 7,700 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Core #3 - 7,440' to 7,620' |

Comment:

CBL log will be submitted when received by ConocoPhillips with Final Form 5
 LAS Logs will be uploaded separately by ConocoPhillips

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

Signed: _____ Print Name: David F. Banko

Title: Permit Agent Date: _____ Email: dave@banko1.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| Attachment Checklist | | | |
| 400481217 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400481219 | Core Analysis | Yes <input checked="" type="checkbox"/> | No <input 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400481215 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)