

FORM
5Rev
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



DE ET OE ES

Document Number:

400478595

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: Dave Banko
2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: (303) 820-4480
3. Address: P O BOX 2197 Fax: (303) 820-4124
City: HOUSTON State: TX Zip: 77252-

5. API Number 05-001-09760-00 6. County: ADAMS
7. Well Name: State of Colorado 36 Well Number: 1H
8. Location: QtrQtr: NESE Section: 36 Township: 3s Range: 64w Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 250 feet Direction: FEL
As Drilled Latitude: 39.743433 As Drilled Longitude: -104.489597

GPS Data:

Data 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: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 9829.9

12. Spud Date: (when the 1st bit hit the dirt) 01/03/2013 13. Date TD: 01/08/2013 14. Date Casing Set or D&A: 01/10/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7707 TVD** _____ 17 Plug Back Total Depth MD 6520 TVD** _____18. Elevations GR 5556 KB 5580 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 from TD to 6,000'
Sonic Scanner to 1,832', GR to surface

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	200	0	100	VISU
SURF	12+1/4	9+5/8	36	0	1,832	570	0	1,832	VISU
OPEN HOLE	8+3/4			1832	7,707				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/10/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	6,693	335	6,520	7,671

Details of work:

Set & cemented 9 5/8" surface casing to 1,832'. Drilled 8 3/4" to 7707' (WLM), logged, ran whipstock with 2 7/8" tailpipe to 7672', total tool length - 979'. Plug back with balanced cement plug, 335 sxs Plugcem, 15.8 ppg, Yield 1.52 cu ft/sk. Top of cement at 6520, whipstock at 6693'.

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	7,143	7,185	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,185	7,543	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,543	7,570	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,570	7,707	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Certain log and reports have been uploaded directly from ConocoPhillips. Some logs are in PDS format, LAS wasn't delivered to ConocoPhillips. Please advise if additional LAS versions will be necessary. For a direct contact at ConocoPhillips, Reba Tidwell, 281-647-1856, email: rebecca.draehn@cop.com.

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 ?			
<u>Attachment Checklist</u>					
400489158	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400489156	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
400481272	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400482180	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485910	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485911	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485920	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485923	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485928	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485933	PDS-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485942	PDS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485944	PDS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485958	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400485964	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489042	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489043	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489044	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)