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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400478459

Date Received:

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   [X] 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: Dave Banko

   Phone: (303) 820-4480

   Fax: (303) 820-4124

5. API Number   05-005-07197-00

6. County: ARAPAHOE

7. Well Name: Tebo 3   Well Number: 1H

8. Location: QtrQtr: NENE   Section: 3   Township: 5s   Range: 64W   Meridian: 6

   Footage at surface: Distance: 599   feet   Direction: FNL   Distance: 400   feet   Direction: FEL

      As Drilled Latitude: 39.650033   As Drilled Longitude: -104.529472

GPS Data:

   Data of Measurement: 05/09/2013   PDOP Reading: 2.0   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: N/A

12. Spud Date: (when the 1st bit hit the dirt)   11/13/2012   13. Date TD: 11/20/2012   14. Date Casing Set or D&A: 11/22/2012

15. Well Classification:

[ ] Dry   [X] Oil   [ ] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

16. Total Depth   MD   7992   TVD** ___   17 Plug Back Total Depth   MD   6925   TVD** ___

18. Elevations   GR   5875   KB   5899   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/D/HNGS from TD to 6,000' (Uploaded directly by ConocoPhillips)
GR/Sonic Scanner from TD to surface (Uploaded directly by ConocoPhillips)

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	10	0	100	VISU
SURF	12+1/4	9+5/8	36	0	2,205	700	0	2,205	VISU
OPEN HOLE	8+3/4			2205	7,992				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/22/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	7,043	310	6,925	7,974

Details of work:

Drilled and set 9 5/8" surface casing to 2,205, drilled 8 3/4" pilot hole to 7,992 then logged. Set whipstock & 2 7/8" tailpipe from 7,043' to 7,974'. Cement with balanced plug, 310 sxs Plugcem, 15.8 ppg, Yield 1.52 cu ft/sk. Top of cement at 6,925.

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	7,467	7,506	☐	☐	
NIOBRARA	7,506	7,812	☐	☐	
FORT HAYS	7,812	7,840	☐	☐	
CARLILE	7,840	7,927	☐	☐	
GREENHORN	7,927	7,992	☐	☐	

Comment:

Logs and attachments have been uploaded directly from ConocoPhillips. To contact ConocoPhillips directly, 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 ?			

Attachment Checklist

Att Doc Num	Document Name		Yes		No
400489165	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
400481223	Other	Yes	☒	No	☐

Other Attachments

Att Doc Num	Document Name		Yes		No
400481413	DIRECTIONAL DATA	Yes	☒	No	☐
400481901	LAS-MUD	Yes	☒	No	☐
400481904	LAS-GAMMA RAY	Yes	☒	No	☐
400481908	PDF-GAMMA RAY	Yes	☒	No	☐
400481911	PDF-MUD	Yes	☒	No	☐
400489276	LAS-GAMMA RAY	Yes	☒	No	☐
400489298	PDF-CALIPER	Yes	☒	No	☐
400489304	PDF-SONIC	Yes	☒	No	☐
400489313	LAS-SONIC	Yes	☒	No	☐
400489331	PDF-SONIC	Yes	☒	No	☐
400489335	PDF-TRIPLE COMBINATION	Yes	☒	No	☐
400489349	LAS-TRIPLE COMBINATION	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)