

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



DE ET OE ES

Document Number:

400481322

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 05-005-07203-01

6. County: ARAPAHOE

7. Well Name: Walker 12

Well Number: 1H

8. Location: QtrQtr: SESE Section: 12 Township: 4S Range: 64W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 250 feet Direction: FEL

As Drilled Latitude: 39.710797 As Drilled Longitude: -104.490761

GPS Data:

Data of Measurement: 09/16/2013 PDOP Reading: 1.2 GPS Instrument Operator's Name: Dave Swanson

\*\* If directional footage at Top of Prod. Zone Dist.: 680 feet. Direction: FSL Dist.: 809 feet. Direction: FEL

Sec: 12 Twp: 4S Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 654 feet. Direction: FSL Dist.: 482 feet. Direction: FWL

Sec: 12 Twp: 4S Rng: 64W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/17/2013 13. Date TD: 06/02/2013 14. Date Casing Set or D&A: 06/03/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11725 TVD\*\* 7449 17 Plug Back Total Depth MD 11725 TVD\*\* 7449

18. Elevations GR 5712 KB 5736

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:

LWD

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	13+1/2	9+5/8	36	0	1,970	1,040	0	1,970	VISU
1ST	8+3/4	7	32	0	7,737	530	1,600	7,737	CBL
1ST LINER	6	4+1/2	13.5	6717	11,715	0			

### 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	7,214	7,300	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,300	11,725	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs and attachments uploaded directly from ConocoPhillips. For direct contact, 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>					
400491113	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400489832	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400486838	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486840	LAS-DIRECTIONAL SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486841	PDF-DIRECTIONAL SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486842	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488389	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489639	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489640	PDF-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489853	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)