

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:
400481432

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
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 05-005-07208-01
6. County: ARAPAHOE
7. Well Name: Zukowski 17 Well Number: 1H
8. Location: QtrQtr: NENE Section: 17 Township: 4S Range: 64W Meridian: 6
Footage at surface: Distance: 863 feet Direction: FNL Distance: 250 feet Direction: FEL
As Drilled Latitude: 39.707839 As Drilled Longitude: -104.565644

GPS Data:
Date of Measurement: 09/16/2013 PDOP Reading: 3.3 GPS Instrument Operator's Name: Dave Swanson

** If directional footage at Top of Prod. Zone Dist.: 652 feet. Direction: FNL Dist.: 882 feet. Direction: FEL
Sec: 17 Twp: 4S Rng: 64W
** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FNL Dist.: 485 feet. Direction: FWL
Sec: 17 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) 07/06/2013 13. Date TD: 07/21/2013 14. Date Casing Set or D&A: 07/23/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11935 TVD** 7604 17 Plug Back Total Depth MD 11925 TVD** 7604

18. Elevations GR 5650 KB 5674
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	1,975	780	0	1,975	VISU
1ST	8+3/4	7	32	0	7,955	575	2,093	7,955	CBL
1ST LINER	6	4+1/2	13.5	6920	11,925	345	6,920	11,925	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	7,441	7,516	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,516	11,935	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The Footages at the Top of the Producing Zone are based on the footages at the base of the Intermediate Casing. If the well is perforated above that point, it will be reported on the Form 5A.
 Log uploads and attachments were made by 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 ?	
Attachment Checklist			
400491941	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400489806	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"/>
Other Attachments			
400488604	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489807	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489808	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489809	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489810	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490736	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490737	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490738	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490739	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490845	LAS-CBL 1ST RUN	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)