

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:

1697132

Date Received:

11/07/2008

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 ATTN: SHARO
City: HOUSTON State: TX Zip: 77252-
4. Contact Name: JUSTIN FIRKINS 432.-688-6913
Phone: (505) 326-9793
Fax: (505) 599-4062

5. API Number 05-045-14700-00
6. County: GARFIELD
7. Well Name: DWU
Well Number: CP08D-32 M33 49
8. Location: QtrQtr: SWSW Section: 33 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 827 feet Direction: FSL Distance: 1260 feet Direction: FWL
As Drilled Latitude: 39.653542 As Drilled Longitude: -108.178377

GPS Data:

Data of Measurement: 10/08/2008 PDOP Reading: 2.0 GPS Instrument Operator's Name: GREG OLSEN

** If directional footage at Top of Prod. Zone Dist.: 2360 feet. Direction: FNL Dist.: 162 feet. Direction: FEL

Sec: 32 Twp: T4S Rng: R96W

** If directional footage at Bottom Hole Dist.: 2356 feet. Direction: FNL Dist.: 397 feet. Direction: FEL

Sec: 32 Twp: T4S Rng: R96W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 65555

12. Spud Date: (when the 1st bit hit the dirt) 11/16/2007 13. Date TD: 03/14/2008 14. Date Casing Set or D&A: 03/18/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11651 TVD** 11032 17 Plug Back Total Depth MD TVD**

18. Elevations GR 8410 KB 8427

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:

INDUCTION COMPENSATED DENSILOG, GR, USIT, RST, CBL, MUDLOG

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	26	20		0	97	6	0	97	
SURF	17+1/2	10+3/4		0	1,954	1,677	0	1,954	CBL
1ST	9+5/8	7		0	8,176	1,250	1,750	8,176	CBL
2ND	6+1/8	4+1/2		0	11,651	250	8,176	11,651	CBL

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	
WASATCH	3,834		<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH A	6,057		<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,336		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,752		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,546		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y _____ Print Name: JUSTIN FIRKINS _____

Title: REGULATORY SPECIALIST Date: 10/17/2008 Email: JUSTIN.C.FIRKINS@CONOCOPHILLIPS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1697133	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 type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)