

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:

2587152

Date Received:

02/25/2011

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: 10347 4. Contact Name: CHRISTI SCRITCHFIELD
2. Name of Operator: CONTINENTAL RESOURCES INC Phone: (580) 548-5257
3. Address: PO BOX 269091 Fax: (580) 548-5257
City: OKLAHOMA CITY State: OK Zip: 73126

5. API Number 05-123-32780-00 6. County: WELD
7. Well Name: Newton Well Number: 1-4H
8. Location: QtrQtr: LOT 1 Section: 4 Township: 9N Range: 61W Meridian: 6
Footage at surface: Distance: 250 feet Direction: FNL Distance: 700 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 600 feet. Direction: FNL Dist.: 700 feet. Direction: FEL

Sec: 4 Twp: 9N Rng: 61W

** If directional footage at Bottom Hole Dist.: 652 feet. Direction: FSL Dist.: 702 feet. Direction: FEL

Sec: 9 Twp: 9N Rng: 61W

9. Field Name: KEOTA 10. Field Number: 44350

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/02/2011 13. Date TD: 02/25/2011 14. Date Casing Set or D&A: 02/15/2011

15. Well Classification:

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

16. Total Depth MD 15360 TVD** 6582 17 Plug Back Total Depth MD 15360 TVD** 6582

18. Elevations GR 4985 KB 4997

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:

MUD LOGS AND CBL

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		16		0	60	5	0	60	CALC
SURF	12+1/4	9+5/8		0	842	377	0	842	CALC
1ST	8+3/4	7		0	7,300	115	6,090	7,300	CBL
1ST LINER	6	4+1/2		6650	15,330				

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	
PIERRE	572		<input type="checkbox"/>	<input type="checkbox"/>	
LARAMIE	3,642		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,729		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,474		<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: _____ Print Name: CHRISTI SCRITCHFIELD

Title: REGULATORY COMPLIANCE Date: 2/2/2011 Email: CHRISTISCRITCHFIELD@CONTRES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072621	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072620	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"/>
<u>Other Attachments</u>					
2587152	DRILLING COMPLETION REPORT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400205259	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC D/S PROFILE, LAS LOGS & CMT TKTS	8/30/2011 11:34:04 AM
Permit	req digital logs, D/S profile, cmt tkts & As Drilled. hard copy logs doc#2201470-71 in scanning	8/8/2011 11:03:31 AM

Total: 2 comment(s)