

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



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Document Number:
400584887

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: 26580 4. Contact Name: Ali Savage
 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP Phone: (281) 2065359
 3. Address: PO BOX 4289 Fax: (281) 2065721
 City: FARMINGTON State: NM Zip: 87499

5. API Number 05-005-07215-00 6. County: ARAPAHOE
 7. Well Name: Cottonwood Creek 4-65 27 Well Number: 1H
 8. Location: QtrQtr: SWNW Section: 27 Township: 4S Range: 65W Meridian: 6
 Footage at surface: Distance: 1750 feet Direction: FNL Distance: 325 feet Direction: FWL
 As Drilled Latitude: 39.677161 As Drilled Longitude: -104.658414

GPS Data:
 Date of Measurement: 03/26/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dallas Nielsen

** If directional footage at Top of Prod. Zone Dist.: 1977 feet. Direction: FNL Dist.: 330 feet. Direction: FWL
 Sec: 27 Twp: 4S Rng: 65W

** If directional footage at Bottom Hole Dist.: 1977 feet. Direction: FNL Dist.: 332 feet. Direction: FWL
 Sec: 27 Twp: 4S Rng: 65W

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) 02/22/2014 13. Date TD: 03/01/2014 14. Date Casing Set or D&A: 03/05/2014

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

16. Total Depth MD 8248 TVD** 8240 17 Plug Back Total Depth MD 7079 TVD** 7072

18. Elevations GR 5706 KB 5730 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:
Triple combo, Mud

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	16	CMP	0	100	50	0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,157	680	0	2,157	VISU
OPEN HOLE	8+3/4			2157	8,248				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/05/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	7,287	325	7,079	8,248

Details of work:

Drilled and set 9 5/8" surface casing to 2157'. Drilled 8 3/4" pilot bore to TD of 8248', then logged. Set whipstock and 2 7/8" tailpipe, top of whipstock at 7287', bottom of tailpipe at 8215'. Total tool length 928'. Cemented balanced plug with 325 sxs Plugcem at 15.8 ppg, yield 1.52 cu ft/sk. Top of cement tagged at 7079'.

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	
SHANNON	5,035		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,378		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,684	7,781	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,781	8,092	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,092	8,118	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,118		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The -01 wellbore will be submitted when the API# issued has been corrected by the COGCC. I am currently unable to create a form under the -01 API# for the lateral section. The comission has been made aware and is currently working out the issue.

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

Signed: _____ Print Name: Ali Savage

Title: Regulatory Specialist Date: _____ Email: ali.savage@conocophillips.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400589038	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400586157	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			
400589811	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589812	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400589813	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590956	DIRECTIONAL DATA	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)