

FORM  
5Rev  
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:

400629458

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 &amp; GAS LP

Phone: (281) 2065359

3. Address: PO BOX 4289

Fax: (281) 2065721

City: FARMINGTON State: NM Zip: 87499

5. API Number 05-001-09779-00

6. County: ADAMS

7. Well Name: Reserve 3-65 26

Well Number: 1H

8. Location: QtrQtr: NWNW Section: 26 Township: 3S Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 400 feet Direction: FWL

As Drilled Latitude: 39.767169 As Drilled Longitude: -104.639147

## GPS Data:

Date of Measurement: 06/25/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dallas Nielsen

\*\* If directional footage at Top of Prod. Zone Dist.: 675 feet. Direction: FNL Dist.: 1274 feet. Direction: FWL

Sec: 26 Twp: 3S Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 732 feet. Direction: FNL Dist.: 484 feet. Direction: FEL

Sec: 26 Twp: 3S 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) 06/03/2014 13. Date TD: 06/16/2014 14. Date Casing Set or D&amp;A: 06/19/2014

## 15. Well Classification:

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

16. Total Depth MD 11843 TVD\*\* 7629 17 Plug Back Total Depth MD 11831 TVD\*\* 7628

18. Elevations GR 5486 KB 5510

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:

MWD, Mud, 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	26	16	CMP	0	100	50	0	100	VISU
SURF	13+3/8	9+5/8	36	0	2,038	645	0	2,038	VISU
1ST LINER	8+3/4	5+1/2	23	0	11,831	1,525	2,470	11,843	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	
SHANNON	5,065		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,440		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,510		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,615		<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: Ali SavageTitle: Regulatory Specialist Date: \_\_\_\_\_ Email: ali.savage@conocophillips.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400640079	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400640087	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>					
400640018	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400640020	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400640023	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400640024	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400640025	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400640028	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400640091	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400640497	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)