

FORM
5Rev
09/14

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:

400821652

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

OGCC Operator Number: 19160

Contact Name: Patsy Clugston

Name of Operator: CONOCO PHILLIPS COMPANY

Phone: (505) 326-9518

Address: P O BOX 2197

Fax: (505) 599-4062

City: HOUSTON

State: TX

Zip: 77252-

API Number 05-067-09594-00

County: LA PLATA

Well Name: ANIMAS 34-10

Well Number: 36-2A

Location: QtrQtr: NWSE Section: 36 Township: 34N Range: 10W Meridian: M

Footage at surface: Distance: 1475 feet Direction: FSL Distance: 1757 feet Direction: FEL

As Drilled Latitude: 37.144280 As Drilled Longitude: -107.882080

GPS Data:

Date of Measurement: 02/02/2009 PDOP Reading: 2.0 GPS Instrument Operator's Name: Scott Wiebe

** If directional footage at Top of Prod. Zone Dist.: 910 feet. Direction: FSL Dist.: 2406 feet. Direction: FWL

Sec: 36 Twp: 34 Rng: 10

** If directional footage at Bottom Hole Dist.: 906 feet. Direction: FSL Dist.: 2397 feet. Direction: FWL

Sec: 36 Twp: 34 Rng: 10

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number: FEE

Spud Date: (when the 1st bit hit the dirt) 09/02/2008 Date TD: 12/20/2008 Date Casing Set or D&A: 01/03/2009

Rig Release Date: 01/21/2009 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3102 TVD** 2679 Plug Back Total Depth MD 3100 TVD** 2677

Elevations GR 6238 KB 6252 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	9+5/8	32.3	0	407	325	0	439	VISU
2ND	8+3/4	7+0/0	23	0	2,752	460	0	2,763	CBL
1ST LINER	6+1/4	5+1/2	15	2719	3,102				VISU

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
OJO ALAMO	1,097	1,178	NO	NO	
KIRTLAND	1,179	2,587	NO	NO	
FRUITLAND COAL	2,588	3,102	NO	NO	

Comment:

ConocoPhillips wishes to file this Amended Completion report. We were going to file a Form 6 Well abandonment sundry and noticed that the original Form 5 had so many errors that we didn't want to file the Form 6 until the COGCC's records were updated to avoid confusion. We think the other documents submitted are good. Call me at 505-326-9518 if you have questions. Thank you.

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

Signed: _____ Print Name: Patsy Clugston

Title: Staff Regulatory Tech. Date: _____ Email: Patsy.L.Clugston@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"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)