

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



DE ET OE ES

Document Number:

401344692

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: 26580

Contact Name: Jennifer Dixon

Name of Operator: BURLINGTON RESOURCES OIL & GAS LP

Phone: (832) 486-3345

Address: PO BOX 4289

Fax:

City: FARMINGTON State: NM Zip: 87499

API Number 05-005-07249-00

County: ARAPAHOE

Well Name: Prosper Farms 4-65 2-1

Well Number: 4AH

Location: QtrQtr: SWSW Section: 2 Township: 4S Range: 65W Meridian: 6

Footage at surface: Distance: 1180 feet Direction: FSL Distance: 550 feet Direction: FWL

As Drilled Latitude: 39.728847 As Drilled Longitude: -104.638767

GPS Data:

Date of Measurement: 07/06/2017 PDOP Reading: 1.5 GPS Instrument Operator's Name: Robert Fisher

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 1110 feet. Direction: FSL Dist.: 327 feet. Direction: FWL

Sec: 1 Twp: 4S Rng: 65W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/29/2017 Date TD: 06/20/2017 Date Casing Set or D&A: 06/23/2017

Rig Release Date: 07/23/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14488 TVD** 7794 Plug Back Total Depth MD 14473 TVD** 7029

Elevations GR 5658 KB 26

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

GR, CBL, MWD, Mud

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
CONDUCTOR	24	16	65	0	126	100	0	0	VISU
SURF	13+1/2	9+5/8	36	0	2,198	520	0	2,198	CBL
1ST	8+3/4	5+1/2	23	0	14,471	1,167	2,198	14,473	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/22/2017

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	
FOX HILLS	1,713	1,943	NO	NO	
PIERRE	1,943	7,739	NO	NO	
NIOBRARA	7,739				

Comment:

Exception to Rule 317.p was granted for this well. No open hole logs were run

After completion of well, final form 5 will be submitted with actual TPZ footages

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

Signed: _____

Print Name: Jennifer Dixon

Title: Regulatory Coordinator

Date: _____

Email: jennifer.a.dixon@conocophillips.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401348235	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401348238	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>		
401348183	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401348184	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401348189	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401348198	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401348233	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401375216	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401375222	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)