

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:

401454090

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 05-005-07231-00

County: ARAPAHOE

Well Name: Tiberius 4-64 8-7

Well Number: 4CH

Location: QtrQtr: SESE Section: 8 Township: 4S Range: 64W Meridian: 6

Footage at surface: Distance: 558 feet Direction: FSL Distance: 361 feet Direction: FEL

As Drilled Latitude: 39.711750 As Drilled Longitude: -104.565981

GPS Data:

Date of Measurement: 10/26/2017 PDOP Reading: 1.5 GPS Instrument Operator's Name: Dallas Nielsen

** If directional footage at Top of Prod. Zone Dist.: 598 feet. Direction: FSL Dist.: 997 feet. Direction: FEL

Sec: 8 Twp: 4S Rng: 64W

** If directional footage at Bottom Hole Dist.: 780 feet. Direction: FSL Dist.: 2383 feet. Direction: FWL

Sec: 7 Twp: 4S Rng: 64W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/29/2017 Date TD: 10/05/2017 Date Casing Set or D&A: 10/05/2017

Rig Release Date: 10/05/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15416 TVD** 7656 Plug Back Total Depth MD 1767 TVD** 1767

Elevations GR 5633 KB 5658

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

List Electric Logs Run:

Resistivity Logs (Gamma Ray, Propagation Resistivity) and MWD

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	39.7	0	126	50	0	126	VISU
SURF	13+1/2	9+5/8	36	0	1,968	678	0	1,967	VISU
1ST	8+3/4	5+1/2	23	0	15,400	2,045	1,767	15,416	CALC

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	
FOX HILLS	1,628	1,746	NO	NO	
PIERRE	1,746	7,488	NO	NO	
NIOBRARA	7,488		NO	NO	

Comment:

TPZ is an estimate based on the start of the lateral build of the wellbore. Actual TPZ footages will be reported on the subsequent Form 5A

CBLs will be submitted with the subsequent Form 5A

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

Signed: _____ Print Name: Jennifer A Dixon

Title: Regulatory Coordinator Date: _____ Email: jennifer.a.dixon@conocophillips.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401459928	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401460813	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>			
401461061	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401461062	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401461063	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401461064	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401461065	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401461071	DIRECTIONAL DATA	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)