

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:

402125195

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: Coby Lazarine

Name of Operator: BURLINGTON RESOURCES OIL &amp; GAS LP

Phone: (281) 206-5324

Address: 925 N ELDRIDGE PARKWAY

Fax:

City: HOUSTON

State: TX

Zip: 77079

API Number 05-001-10225-00

County: ADAMS

Well Name: King 3-65 28-29

Well Number: 3CH

Location: QtrQtr: NESE Section: 28 Township: 3S Range: 65W Meridian: 6

Footage at surface: Distance: 1554 feet Direction: FSL Distance: 435 feet Direction: FEL

As Drilled Latitude: 39.758763 As Drilled Longitude: -104.660993

## GPS Data:

Date of Measurement: 07/29/2019 PDOP Reading: 1.7 GPS Instrument Operator's Name: ALLEN SHAFFETT

\*\* If directional footage at Top of Prod. Zone Dist.: 3566 feet. Direction: FNL Dist.: 94 feet. Direction: FEL

Sec: 28 Twp: 3S Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1923 feet. Direction: FSL Dist.: 337 feet. Direction: FWL

Sec: 29 Twp: 3S Rng: 65W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/20/2019 Date TD: 06/02/2019 Date Casing Set or D&amp;A: 06/04/2019

Rig Release Date: 06/12/2019 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 17867 TVD\*\* 7938 Plug Back Total Depth MD 17768 TVD\*\* 7937

Elevations GR 5585 KB 5610

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

## List Electric Logs Run:

MWD/LWD; Mud Log; RES 05-001-10003-00

## 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	125		0	125	VISU
SURF	13+1/2	9+5/8	36	0	2,204	755	0	2,204	VISU
1ST	8+1/2	5+1/2	20	0	17,857	2,387	784	17,867	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	1,697				
PIERRE	1,943				
SHANNON	7,584				
SHARON SPRINGS	7,846				
NIOBRARA	7,965				

Comment:

Completions scheduled for early 2020.  
CBL will be run with completion rig prior to completing the well. CBL will be submitted via Sundry Notice immediately after it is run.  
TOC is calculated based on cement report.  
TPZ footages are estimated and based off kick-off point of the wellbore at 7116'. Actual TPZ footage will be reported with Form 5A submittal.  
As-completed plat will be filed with the Form 5A submittal to certify productive interval meets setback condition.

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

Signed: \_\_\_\_\_

Print Name: Coby Lee Lazarine

Title: Regulatory Coordinator

Date: \_\_\_\_\_

Email: coby.l.lazarine@cop.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402156075	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402148128	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>					
402148146	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402148210	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402148222	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402148226	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402148237	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402155824	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402155850	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)

