

FORM
5

Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402155073

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 26580 Contact Name: Coby Lazarine
Name of Operator: BURLINGTON RESOURCES OIL & GAS LP Phone: (281) 2065324
Address: 925 N ELDRIDGE PARKWAY Fax: _____
City: HOUSTON State: TX Zip: 77079 Email: coby.l.lazarine@cop.com

API Number 05-001-10100-00 County: ADAMS
Well Name: Big Sandy 3-65 36-31 Well Number: 2BH
Location: QtrQtr: NESE Section: 35 Township: 3S Range: 65W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2505 feet Direction: FSL Distance: 465 feet Direction: FEL
As Drilled Latitude: 39.746687 As Drilled Longitude: -104.623491

GPS Data:

Date of Measurement: 04/13/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: Matthew Miller
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 1864 feet Direction: FNL Dist: 666 feet Direction: FWL
Sec: 36 Twp: 3S Rng: 65W
FNL/FSL _____ FEL/FWL _____

** If directional footage at Bottom Hole Dist: 1872 feet Direction: FNL Dist: 336 feet Direction: FEL
Sec: 31 Twp: 3S Rng: 64W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/27/2018 Date TD: 03/28/2018 Date Casing Set or D&A: 03/29/2018

Rig Release Date: 04/08/2018 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18220 TVD** 7570 Plug Back Total Depth MD 18106 TVD** 7572

Elevations GR 5524 KB 5549 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

LWD/MWD; Mud Log; CBL; RES 05-001-10073-00

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	26	16	65	0	125	8	0	125	VISU
SURF	13+1/2	9+5/8	36	0	2,097	705	0	2,097	VISU
1ST	8+1/2	5+1/2	23	0	18,198	2,400	2,120	18,220	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:

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	1,589				
PIERRE	1,824				
SHANNON	7,430				
SHARON SPRINGS	7,627				
NIOBRARA	7,695				

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

Resistivity Log run in Big Sandy 3-65 36-31 2CH (05-001-10073-00) - attached for your reference.

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 ?	
Attachment Checklist			
402155304	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402155295	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"/>
Other Attachments			
402155162	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155163	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155166	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155176	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155210	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155221	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155238	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155254	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155479	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)

