

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:

402157398

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

| | |
|---|--|
| API Number <u>05-001-10073-00</u> | County: <u>ADAMS</u> |
| Well Name: <u>Big Sandy 3-65 36-31</u> | Well Number: <u>2CH</u> |
| Location: QtrQtr: <u>NESE</u> Section: <u>35</u> Township: <u>3S</u> Range: <u>65W</u> Meridian: <u>6</u> | |
| | FNL/FSL FEL/FWL |
| Footage at surface: Distance: <u>2585</u> feet Direction: <u>FSL</u> Distance: <u>465</u> feet Direction: <u>FEL</u> | |
| As Drilled Latitude: <u>39.746906</u> As Drilled Longitude: <u>-104.623489</u> | |
| GPS Data: | |
| Date of Measurement: <u>04/13/2018</u> PDOP Reading: <u>1.3</u> GPS Instrument Operator's Name: <u>Matthew Miller</u> | |
| | FNL/FSL FEL/FWL |
| ** If directional footage at Top of Prod. Zone Dist: <u>1227</u> feet Direction: <u>FNL</u> Dist: <u>585</u> feet Direction: <u>FWL</u> | |
| Sec: <u>36</u> Twp: <u>3S</u> Rng: <u>65W</u> | |
| | FNL/FSL FEL/FWL |
| ** If directional footage at Bottom Hole Dist: <u>1237</u> feet Direction: <u>FNL</u> Dist: <u>333</u> feet Direction: <u>FEL</u> | |
| Sec: <u>31</u> Twp: <u>3S</u> Rng: <u>64W</u> | |
| Field Name: <u>WILDCAT</u> Field Number: <u>99999</u> | |
| Federal, Indian or State Lease Number: _____ | |

Spud Date: (when the 1st bit hit the dirt) 03/02/2018 Date TD: 03/10/2018 Date Casing Set or D&A: 03/12/2018
 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 <u>18415</u> TVD** <u>7570</u> Plug Back Total Depth MD <u>18313</u> TVD** <u>7572</u> |
| Elevations GR <u>5524</u> KB <u>5549</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/> |

List Electric Logs Run:
MWD/LWD; Mud Log; RES; 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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 16 | 65 | 0 | 125 | 8 | 0 | 125 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 2,098 | 705 | 0 | 2,098 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 23 | 0 | 18,400 | 2,500 | 72 | 18,415 | 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 | 7,575 | | | | |
| SHARON SPRINGS | 7,779 | | | | |
| NIOBRARA | 7,850 | | | | |

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

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> | | | |
| 402168064 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402166616 | 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> | | | |
| 402157432 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402157449 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402157452 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402157454 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402157465 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402157511 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402157558 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402166366 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402166641 | 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)

