

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:

402167895

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>Maxwell Blair</u>
Name of Operator: <u>BURLINGTON RESOURCES OIL &amp; GAS LP</u>	Phone: <u>(303) 2683711</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>05-005-07367-00</u>	County: <u>ARAPAHOE</u>
Well Name: <u>Chico 4-65 26-25</u>	Well Number: <u>2CH</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>26</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>2150</u> feet Direction: <u>FNL</u> Distance: <u>525</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.676068</u> As Drilled Longitude: <u>-104.639046</u>	
GPS Data:	
Date of Measurement: <u>09/04/2018</u> PDOP Reading: <u>1.2</u> GPS Instrument Operator's Name: <u>C.M; O.R.</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>2227</u> feet Direction: <u>FNL</u> Dist: <u>772</u> feet Direction: <u>FWL</u>	
Sec: <u>26</u> Twp: <u>4S</u> Rng: <u>65W</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>2153</u> feet Direction: <u>FNL</u> Dist: <u>330</u> feet Direction: <u>FEL</u>	
Sec: <u>25</u> Twp: <u>4S</u> Rng: <u>65W</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) 10/03/2018 Date TD: 10/22/2018 Date Casing Set or D&A: 10/23/2018  
Rig Release Date: 10/30/2018 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>17734</u> TVD** <u>7721</u> Plug Back Total Depth MD <u>17589</u> TVD** <u>7726</u>
Elevations GR <u>5795</u> KB <u>5820</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:

MWD/LWD; Mud Log; CBL; RES 05-005-07368-00

\_\_\_\_\_

### 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		0	125	VISU
SURF	13+1/2	9+5/8	36	0	2,296	770	0	2,296	VISU
1ST	8+1/2	5+1/2	23	0	17,679	2,345	328	17,734	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	1,841				
PIERRE	2,036				
SHANNON	7,568				
SHARON SPRINGS	7,800				
NIOBRARA	7,974				

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

Resistivity Log run in Chico 4-65 26-25 2DH (API 05-005-07368-00) - 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 ?	
<b>Attachment Checklist</b>			
402167929	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402167927	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"/>
<b>Other Attachments</b>			
402167926	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167930	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167935	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167937	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167946	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167949	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167955	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167958	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402167974	LAS-CBL 1ST RUN	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)

