

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:

402151744

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: Maxwell Blair
Name of Operator: BURLINGTON RESOURCES OIL & GAS LP Phone: (303) 2683711
Address: 925 N ELDRIDGE PARKWAY Fax: _____
City: HOUSTON State: TX Zip: 77079 Email: coby.l.lazarine@cop.com

API Number 05-001-10453-00 County: ADAMS
Well Name: RESERVE 3-65 35-34 Well Number: 1CH
Location: QtrQtr: NENE Section: 35 Township: 3S Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 860 feet Direction: FNL Distance: 541 feet Direction: FEL
As Drilled Latitude: 39.751944 As Drilled Longitude: -104.623721

GPS Data:

Date of Measurement: 09/04/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: C.M., O.R.
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 968 feet Direction: FNL Dist: 103 feet Direction: FEL
Sec: 35 Twp: 3S Rng: 65W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 1140 feet Direction: FNL Dist: 328 feet Direction: FWL
Sec: 34 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) 06/15/2019 Date TD: 07/08/2019 Date Casing Set or D&A: 07/10/2019

Rig Release Date: 07/20/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17779 TVD** 7813 Plug Back Total Depth MD 17681 TVD** 7813

Elevations GR 5506 KB 5531 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD; Mud Log; RES 05-001-10454-00

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	2,054	773	25	2,054	CBL
1ST	8+1/2	5+1/2	20	0	17,770	2,325	673	17,779	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/27/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	25	161	0	25

Details of work:

Did not receive cement returns to surface on original 9-5/8" surface casing string cement job. Ran CBL to confirm. Notified Field Inspector and COGCC Office. Ran 1" line and tagged up at 25'. Performed top job. Pumped 161 sks of cement and received cement to surface. (CBL attached to Form 5)

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	1,565				
PIERRE	1,789				
SHANNON	7,413				
SHARON SPRINGS	7,620				
NIOBRARA	7,666				

Operator Comments:

Completion 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 directional footages are estimated based off kick-off point in the wellbore at 6976'. Actual TPZ directional 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 conditions.

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			
402157326	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402157327	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			
402157291	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402157295	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402157299	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402157301	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402157305	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402157315	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402157330	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402174506	PDF-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)

