

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:

402156358

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 05-001-10456-00

County: ADAMS

Well Name: RESERVE 3-65 35-34

Well Number: 1DH

Location: QtrQtr: NENE Section: 35 Township: 3S Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 886 feet Direction: FNL Distance: 541 feet Direction: FEL

As Drilled Latitude: 39.751876 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: 1215 feet Direction: FNL Dist: 123 feet Direction: FEL
Sec: 35 Twp: 3S Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 1454 feet Direction: FNL Dist: 349 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) 06/16/2019 Date TD: 07/02/2019 Date Casing Set or D&A: 07/03/2019

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 17679 TVD** 7728 Plug Back Total Depth MD 17582 TVD** 7727

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	100		0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,107	985	140	2,107	VISU
1ST	8+1/2	5+1/2	20	0	17,669	2,325	1,503	17,679	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	140	103	0	140

Details of work:

Did not receive cement returns to surface on original 9-5/8" surface casing string cement job. Ran CBL log to confirm. Notified Field Inspector and COGCC Office. Ran 1" Line and tagged up at 140'. Performed Top Job. Pumped 103 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	7,394				
SHARON SPRINGS	7,615				
NIOBRARA	7,692				

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 an estimate based on the kick-off point of the horizontal wellbore at 6975'. 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 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>			
402178892	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402156382	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>			
402156362	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402156364	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402156365	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402156367	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402156368	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402156370	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402156379	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402174618	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)

