

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:
402169473

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 05-005-07379-00 County: ARAPAHOE
Well Name: Property Reserve 4-65 3-4 Well Number: 2BH
Location: QtrQtr: SENE Section: 3 Township: 4S Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2308 feet Direction: FNL Distance: 505 feet Direction: FEL
As Drilled Latitude: 39.733558 As Drilled Longitude: -104.642499
GPS Data:
Date of Measurement: 12/14/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: C.M., O.R.
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1861 feet Direction: FNL Dist: 748 feet Direction: FEL
Sec: 3 Twp: 4S Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1858 feet Direction: FNL Dist: 331 feet Direction: FWL
Sec: 4 Twp: 4S Rng: 65W
Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/07/2018 Date TD: 11/21/2018 Date Casing Set or D&A: 11/23/2018
Rig Release Date: 12/07/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17915 TVD** 7950 Plug Back Total Depth MD 17809 TVD** 7950
Elevations GR 5612 KB 5639 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD/LWD; Mud; 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	100		0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,195	745	260	2,195	VISU
1ST	8+1/2	5+1/2	23	0	17,898	2,350	566	17,915	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/17/2018

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	260	170	0	260

Details of work:

Pumped remedial cement through 1 inch string in surface annulus. Top of original cement was measured at 260'. Pumped 170 sks cement from 260' to surface.

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	1,724				
PIERRE	1,948				
SHANNON	7,612				
NIOBRARA	7,801				

Operator Comments:

Actual TPZ based on shallowest perf in horizontal wellbore.

TOC based on CBL.

As-completed plat will be filed with 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 ?	
<u>Attachment Checklist</u>			
402170580	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402173853	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>			
402170578	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170589	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170599	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170614	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170622	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170961	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170962	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170963	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402170964	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>
Permit	Returned to draft per operator request.	09/18/2019

Total: 1 comment(s)

