

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:
402169499

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 05-005-07378-00 County: ARAPAHOE
Well Name: Property Reserve 4-65 3-4 Well Number: 2AH
Location: QtrQtr: SENE Section: 3 Township: 4S Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2308 feet Direction: FNL Distance: 545 feet Direction: FEL
As Drilled Latitude: 39.733559 As Drilled Longitude: -104.642640
GPS Data:
Date of Measurement: 12/14/2018 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: 1505 feet Direction: FNL Dist: 1040 feet Direction: FEL
Sec: 3 Twp: 4S Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1519 feet Direction: FNL Dist: 330 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) 11/09/2018 Date TD: 11/15/2018 Date Casing Set or D&A: 11/16/2018
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 17595 TVD** 7902 Plug Back Total Depth MD 17484 TVD** 7901
Elevations GR 5612 KB 5640 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
LWD/MWD; Mud Log; CBL: RES 05-005-07379-00

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	100		0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,161	855	0	2,161	VISU
1ST	8+1/2	5+1/2	23	0	17,571	2,345	710	17,595	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	1,717				
PIERRE	1,948				
SHANNON	7,644				
SHARON SPRINGS	7,903				
NIOBRARA	8,105				

Operator Comments:

Actual TPZ is based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

Resistivity Log run on Property Reserve 4-65 3-4 2BH (AP No. 05-005-07379-00) - attached for your reference.

As-drilled 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>			
402169514	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402173851	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>			
402169511	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169523	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169525	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169526	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169527	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169528	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169533	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169536	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402169537	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)

