

FORM
5Rev
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:

402188756

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 05-005-07392-00

County: ARAPAHOE

Well Name: Lussing Trust 4-64 19-20

Well Number: 4C1H

Location: QtrQtr: NWSW

Section: 19

Township: 4S

Range: 64W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1861 feet

Direction: FSL

Distance: 645 feet

Direction: FWL

As Drilled Latitude: 39.686824

As Drilled Longitude: -104.601124

GPS Data:

Date of Measurement: 03/04/2019

PDOP Reading: 1.5

GPS Instrument Operator's Name: Allen Shaffett

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 1200 feet

Direction: FSL

Dist: 912 feet

Direction: FWL

Sec: 19

Twp: 4S

Rng: 64W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 1176 feet

Direction: FSL

Dist: 332 feet

Direction: FEL

Sec: 20

Twp: 4S

Rng: 64W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/05/2019

Date TD: 02/01/2019

Date Casing Set or D&A: 02/02/2019

Rig Release Date: 02/03/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 18073

TVD** 7648

Plug Back Total Depth MD 17978

TVD** 7650

Elevations GR 5715

KB 5740

Digital Copies of ALL Logs must be Attached per Rule 308A

☒

List Electric Logs Run:

MWD/LWD; Mud; CBL; RES 05-005-07390-00

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	0	125	VISU
SURF	13+1/2	9+5/8	36	0	2,191	750	0	2,191	VISU
1ST	8+1/2	5+1/2	23	0	18,057	2,350	574	18,073	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	1,714				
PIERRE	1,860				
SHANNON	7,545				
SHARON SPRINGS	7,750				
NIOBRARA	7,852				

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

Resistivity Log run in Lussing Trust 4-64 19-20 3D3H (05-005-07390-00) – 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 ?			
<u>Attachment Checklist</u>					
402190547	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402188836	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>					
402188828	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188842	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188844	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188848	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188849	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188853	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188860	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188867	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402188879	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)

