

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:

402193248

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@conocophillips.com

API Number 05-001-10151-00 County: ADAMS
Well Name: Bear 3-65 22-23 Well Number: 3BH
Location: QtrQtr: NWSW Section: 22 Township: 3S Range: 65W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1440 feet Direction: FSL Distance: 533 feet Direction: FWL
As Drilled Latitude: 39.772981 As Drilled Longitude: -104.657548

GPS Data:

Date of Measurement: 07/01/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dallas Nielsen
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 2178 feet Direction: FSL Dist: 703 feet Direction: FWL
Sec: 22 Twp: 3S Rng: 65W

** If directional footage at Bottom Hole Dist: 2127 feet Direction: FSL Dist: 333 feet Direction: FEL
Sec: 23 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) 07/24/2018 Date TD: 08/07/2018 Date Casing Set or D&A: 08/09/2018

Rig Release Date: 08/25/2018 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18165 TVD** 7813 Plug Back Total Depth MD 18059 TVD** 7815

Elevations GR 5571 KB 5596 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD; Mud Log; CBL; RES

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 | 36.95 | 0 | 125 | | 0 | 125 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 2,246 | 760 | 0 | 2,246 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 23 | 0 | 18,148 | 2,385 | 1,041 | 18,165 | 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 | 1,972 | | | | |
| SHANNON | 7,606 | | | | |
| SHARON SPRINGS | 7,811 | | | | |
| NIOBRARA | 7,858 | | | | |

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

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@conocophillips.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 402196740 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402196738 | 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> | | | |
| 402196602 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196607 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196619 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196633 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196634 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196644 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196646 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196691 | LAS-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402196791 | DIRECTIONAL DATA | 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)

