

FORM
5Rev
10/14State 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:

402195371

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 05-001-10150-00

County: ADAMS

Well Name: Bear 3-65 22-23

Well Number: 3CH

Location: QtrQtr: NWSW

Section: 22

Township: 3S

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1408 feet

Direction: FSL

Distance: 533 feet

Direction: FWL

As Drilled Latitude: 39.772893

As Drilled Longitude: -104.657549

GPS Data:

Date of Measurement: 07/01/2018

PDOP Reading: 1.3

GPS Instrument Operator's Name: Dallas Nielsen

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 1838 feet

Direction: FSL

Dist: 769 feet

Direction: FWL

Sec: 22

Twp: 3S

Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 1818 feet

Direction: FSL

Dist: 327 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) 07/23/2018

Date TD: 08/17/2018

Date Casing Set or D&A: 08/18/2018

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 17968

TVD** 7737

Plug Back Total Depth MD 17861

TVD** 7737

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 05-001-10151-00

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	36.95	0	125		0	125	VISU
SURF	13+1/2	9+5/8	36	0	2,209	760	0	2,209	VISU
1ST	8+1/2	5+1/2	23	0	17,947	2,335	1,200	17,968	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				
SHARON SPRINGS	7,567				
SHANNON	7,807				
NIOBRARA	7,864				

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

Resistivity Log run in Bear 3-65 22-23 3CH (05-001-10151-00) – 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>					
402197701	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402197293	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>					
402195373	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197246	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197248	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197266	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197267	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197268	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197269	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197270	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402197290	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)

