

**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:

402200150

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 &amp; 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 05-001-10131-00

County: ADAMS

Well Name: Florida 3-65 27-26

Well Number: 3DH

Location: QtrQtr: NWSW

Section: 27

Township: 3S

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1544 feet

Direction: FSL

Distance: 580 feet

Direction: FWL

As Drilled Latitude: 39.758716

As Drilled Longitude: -104.657384

GPS Data:

Date of Measurement: 10/27/2017

PDOP Reading: 2.5

GPS Instrument Operator's Name: Dallas Nielsen

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 1539 feet

Direction: FSL

Dist: 635 feet

Direction: FWL

Sec: 27

Twp: 3S

Rng: 65W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 1536 feet

Direction: FSL

Dist: 329 feet

Direction: FEL

Sec: 26

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) 06/11/2018

Date TD: 07/13/2018

Date Casing Set or D&amp;A: 07/15/2018

Rig Release Date: 07/15/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17942

TVD\*\* 7799

Plug Back Total Depth MD 17827

TVD\*\* 7801

Elevations GR 5564

KB 5589

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

☒

List Electric Logs Run:

MWD/LWD; Mud Log; CBL; RES 05-001-10129-00

**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	2,196	595	0	2,196	VISU
1ST	8+1/2	5+1/2	23	0	17,920	2,340	2,194	17,942	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	1,688				
PIERRE	1,929				
SHANNON	7,573				
SHARON SPRINGS	7,770				
NIOBRARA	7,835				

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

Resistivity Log run in Florida 3-65 27-26 3AH (05-001-10129-00) – 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>					
402200208	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402200210	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>					
402200204	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200218	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200222	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200228	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200231	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200236	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200237	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200240	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402200252	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)

