

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:

402213055

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: <u>26580</u>	Contact Name: <u>Maxwell Blair</u>
Name of Operator: <u>BURLINGTON RESOURCES OIL &amp; GAS LP</u>	Phone: <u>(303) 2683711</u>
Address: <u>925 N ELDRIDGE PARKWAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>coby.l.lazarine@cop.com</u>

API Number <u>05-005-07383-00</u>	County: <u>ARAPAHOE</u>
Well Name: <u>Prosper Farms 4-65 11-12</u>	Well Number: <u>3AH</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>11</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>2356</u> feet Direction: <u>FSL</u> Distance: <u>490</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.717606</u> As Drilled Longitude: <u>-104.639089</u>	
GPS Data:	
Date of Measurement: <u>09/21/2017</u> PDOP Reading: <u>1.6</u> GPS Instrument Operator's Name: <u>Dallas Nielsen</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>2464</u> feet Direction: <u>FSL</u> Dist: <u>772</u> feet Direction: <u>FWL</u>	
Sec: <u>11</u> Twp: <u>4S</u> Rng: <u>65W</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>2488</u> feet Direction: <u>FSL</u> Dist: <u>351</u> feet Direction: <u>FEL</u>	
Sec: <u>11</u> Twp: <u>4S</u> Rng: <u>65W</u>	
Field Name: <u>WILDCAT</u> Field Number: <u>99999</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 02/21/2019 Date TD: 02/27/2019 Date Casing Set or D&A: 02/28/2019  
Rig Release Date: 03/21/2019 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>17827</u> TVD** <u>7710</u> Plug Back Total Depth MD <u>17729</u> TVD** <u>7711</u>
Elevations GR <u>5664</u> KB <u>5689</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:

MWD/LWD; Mud Log; CBL; RES 05-005-07384-00

\_\_\_\_\_

### 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	24	16	65	0	100		0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,239	745	0	2,239	VISU
1ST	8+1/2	5+1/2	20	0	17,805	2,325	250	17,827	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	1,747				
PIERRE	1,953				
SHANNON	7,523				
SHARON SPRINGS	7,747				
NIOBRARA	7,838				

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

TOC based on CBL.

Resistivity Log run in Prosper Farms 4-65 11-12 3BH (05-005-07384-00) – 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>			
402219569	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402216650	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>			
402213103	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213114	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213121	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213129	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213135	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213141	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213149	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213159	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402213177	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)

