

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:
402222805
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 05-001-10201-00 County: ADAMS
Well Name: Schuh 3-65 21-20 Well Number: 3AH
Location: QtrQtr: SESE Section: 21 Township: 3S Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1311 feet Direction: FSL Distance: 475 feet Direction: FEL
As Drilled Latitude: 39.772653 As Drilled Longitude: -104.661136

GPS Data:
Date of Measurement: 11/08/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: Chad Meiers
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 2177 feet Direction: FSL Dist: 103 feet Direction: FEL
Sec: 21 Twp: 3S Rng: 65W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 2456 feet Direction: FSL Dist: 358 feet Direction: FWL
Sec: 20 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) 12/12/2018 Date TD: 12/18/2018 Date Casing Set or D&A: 12/20/2018
Rig Release Date: 12/20/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18028 TVD** 7929 Plug Back Total Depth MD 17935 TVD** 7928
Elevations GR 5596 KB 5621 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD/LWD; Mud Log; 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	65	0	100		0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,247	755	0	2,247	VISU
1ST	8+1/2	5+1/2	23	0	18,018	2,355	770	18,028	CALC

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	1,727				
PIERRE	1,991				
SHANNON	7,700				
SHARON SPRINGS	7,925				
NIOBRARA	7,984				

Operator Comments:

TPZ directional footages are an estimate based on the kick-off point of the Horizontal Wellbore @ 7430'. Actual TPZ directional footage will be reported with Form 5A submittal.

TOC is calculated based on cement report.

CBL will be run with completion rig prior to completing the well. CBL will be submitted via Sundry Notice immediately after it is run.

After the well is completed, 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 ?	
Attachment Checklist			
402222811	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402223000	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"/>
Other Attachments			
402222807	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402222814	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402222815	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402222817	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402222819	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402222820	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402222821	LAS-MWD/LWD	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)

