

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:

402225573

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 05-005-07270-00

County: ARAPAHOE

Well Name: Little Rush 4-65 28

Well Number: 1V

Location: QtrQtr: NWSW

Section: 28

Township: 4S

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1532 feet

Direction: FSL

Distance: 421 feet

Direction: FWL

As Drilled Latitude: 39.671617

As Drilled Longitude: -104.677111

GPS Data:

Date of Measurement: 08/10/2017

PDOP Reading: 1.3

GPS Instrument Operator's Name: Chad Meiers

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 1502 feet

Direction: FSL

Dist: 487 feet

Direction: FWL

Sec: 28

Twp: 4S

Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 1501 feet

Direction: FSL

Dist: 494 feet

Direction: FWL

Sec: 28

Twp: 4S

Rng: 65W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/13/2017

Date TD: 07/27/2017

Date Casing Set or D&A: 07/31/2017

Rig Release Date: 08/01/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8562

TVD** 8559

Plug Back Total Depth MD 7985

TVD** 7982

Elevations GR 5696

KB 5722

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

☒

List Electric Logs Run:

COMBO; Mud Log

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	121		0	121	VISU
SURF	12+1/4	9+5/8	36	0	2,246	535	0	2,246	VISU
1ST	8+1/2	5+1/2	23	0	8,553	1,085	2,278	8,562	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	1,777				
PIERRE	2,018			YES-Submitted on Form 4	
NIOBRARA	7,812			YES-Submitted on Form 4	
FORT HAYS	8,126				
GREENHORN	8,236			YES-Submitted on Form 4	
GRANEROS	8,419				

Operator Comments:

Actual TPZ based on shallowest perf in the vertical 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@cop.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402226923	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402228430	Core Analysis	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402225632	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>		
402226924	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227009	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227010	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227011	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227012	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227013	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227016	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402228418	PDF-	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)

