

FORM
5Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2036602

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 19160

4. Contact Name: JUSTIN FIRKINS

2. Name of Operator: CONOCO PHILLIPS COMPANY

Phone: (505) 326-9793

3. Address: P O BOX 2197

Fax: (505) 599-4062

City: HOUSTON State: TX Zip: 77252-

5. API Number 05-045-14531-00

6. County: GARFIELD

7. Well Name: N. PARACHUTE

Well Number: CP01A-05 A05 59

8. Location: QtrQtr: NENE Section: 5 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 473 feet Direction: FNL Distance: 509 feet Direction: FEL

As Drilled Latitude: 39.649951 As Drilled Longitude: -108.185363

GPS Data:

Data of Measurement: 02/21/2008 PDOP Reading: 1.8 GPS Instrument Operator's Name: GREG OLSEN

** If directional footage at Top of Prod. Zone Dist.: 315 feet. Direction: FNL Dist.: 278 feet. Direction: FEL

Sec: 5 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 456 feet. Direction: FNL Dist.: 548 feet. Direction: FEL

Sec: 5 Twp: 5S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/17/2007 13. Date TD: 11/01/2007 14. Date Casing Set or D&A: 11/08/2007

15. Well Classification:

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

16. Total Depth MD 12198 TVD** 12175 17 Plug Back Total Depth MD 12125 TVD** 12102

18. Elevations GR 8402 KB 8418

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

HDIL/CZD/CNL/GR/CL; DS; XMAC/GR; RABL; HDIL/CZD/CNLGRL/CL; DS/GRL; XMAC/GRL; BPL/GRL; BP/6AC; NK.GRL; RPM/GR/CCL; SBT/GRL/CCL; MUD

20. Casing, Liner and Cement:

CASING

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		0	96	252	0	97	CALC
SURF	14+3/4	9+5/8		0	2,619	1,070	0	2,619	CALC
1ST	8+3/4	7		0	7,633	209	4,593	7,651	CALC
2ND	6+1/8	4+1/2		0	12,126	418	4,710	12,164	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH	3,357		<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH G	5,209		<input type="checkbox"/>	<input type="checkbox"/>	"WASATCH I" 5496
OHIO CREEK	6,727		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,162		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,191		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	11,353		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y Print Name: JUSTIN FIRKINS

Title: REGULATORY SPECIALIST Date: 8/18/2008 Email: JUSTIN.C.FIRKINS@CONOCOPHILLIPS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1773848	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)