| FORM 5 | | | | DE | ET | OE | ES |
|---|---|---|---|---|---|---|---|

**FORM 5**
Rev 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

## DRILLING COMPLETION REPORT

Document Number:

400251445

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:  10347          4. Contact Name:  Christi Scritchfield
2. Name of Operator:  CONTINENTAL RESOURCES INC          Phone:  (580) 233-8955
3. Address:  PO BOX 1032          Fax:  (508) 548-5293
   City:  ENID     State:  OK     Zip:  73703

5. API Number  05-123-34697-00          6. County:  WELD
7. Well Name:  Dunn          Well Number: 1-13H
8. Location:  QtrQtr:  NWNW     Section:  13     Township:  8N     Range:  62W     Meridian:  6
   Footage at surface:  Distance:  250  feet  Direction:  FNL     Distance:  660  feet  Direction:  FWL
   As Drilled Latitude: _____     As Drilled Longitude: _____

GPS Data:
   Data of Measurement: _____     PDOP Reading: _____     GPS Instrument Operator's Name: _____

   ** If directional footage at Top of Prod. Zone     Dist.:  260  feet. Direction:  FNL     Dist.:  660  feet. Direction:  FWL
                                Sec:  13     Twp:  8N     Rng:  62W
   ** If directional footage at Bottom Hole     Dist.:  4066  feet. Direction:  FNL     Dist.:  929  feet. Direction:  FWL
                                Sec:  24     Twp:  8N     Rng:  62W

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)  12/21/2011  13. Date TD:  01/11/2012  14. Date Casing Set or D&A:  01/14/2012

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

16. Total Depth  MD  15625   TVD**  6752     17 Plug Back Total Depth  MD _____   TVD**  0

18. Elevations  GR  4917   KB  4929     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:
CBL & Mud Log

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 | | 16 | 65 | 0 | 80 | 7 | | | |
| SURF | | 9+5/8 | 36 | 0 | 525 | 225 | | | |
| 1ST | | 7 | 26-32 | 0 | 6,986 | 770 | | | |
| 1ST LINER | | 4+1/2 | 12 | 6165 | 16,185 | | | | |

## 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 | |
| SHARON SPRINGS | 6,530 | | ☐ | ☐ | |
| NIOBRARA | 6,572 | | ☐ | ☐ | |

Comment:

The As Drilled information will be sent on a sundry as soon as we get the information.

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

Signed: _____     Print Name:  Christi Scritchfield _____

Title:  Regulatory Compliance _____     Date: _____     Email:  christiscritchfield@contres.com

## Attachment Check List

| Att Doc Num | Document Name | | attached ? | | |
|---|---|---|---|---|---|

**Attachment Checklist**

| Att Doc Num | Document Name | Yes | | No | |
|---|---|---|---|---|---|
| 400255340 | CMT Summary * | Yes | ☒ | No | ☐ |
| | Core Analysis | Yes | ☐ | No | ☒ |
| 400255343 | Directional Survey ** | Yes | ☒ | No | ☐ |
| | DST Analysis | Yes | ☐ | No | ☒ |
| | Logs | Yes | ☒ | No | ☐ |
| | Other | Yes | ☐ | No | ☒ |

**Other Attachments**

| Att Doc Num | Document Name | Yes | | No | |
|---|---|---|---|---|---|
| 400255028 | LAS-CBL 1ST RUN | Yes | ☒ | No | ☐ |
| 400255052 | PDF-MUD | Yes | ☒ | No | ☐ |

### General Comments

| User Group | Comment | Comment Date |
|---|---|---|
| | | |

Total: 0 comment(s)