

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:

2030373

Date Received:

03/17/2008

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 05-045-14982-00

6. County: GARFIELD

7. Well Name: N. PARACHUTE

Well Number: CP07D-16 B16 59

8. Location: QtrQtr: NWNE Section: 16 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 519 feet Direction: FNL Distance: 2107 feet Direction: FEL

As Drilled Latitude: 39.620906 As Drilled Longitude: -108.172244

GPS Data:

Date of Measurement: 05/11/2007 PDOP Reading: 1.9 GPS Instrument Operator's Name: ROBERT KAY

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 02/27/2008 13. Date TD: 03/03/2008 14. Date Casing Set or D&A: 03/04/2008

15. Well Classification:

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

16. Total Depth MD 2067 TVD** 1970 17 Plug Back Total Depth MD 718 TVD** 718

18. Elevations GR 8345 KB 8359

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:

NO LOGS RUN

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	26	20		0	94		0	94	
SURF	17+1/2	10+3/4		0	2,045	1,740		2,045	

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 3/12/2008 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"/>
1986198	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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)