

FORM
5

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400251445

Date Received:

02/27/2012

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

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	20	16	65	0	80	7	0	80	CALC
SURF	13+1/2	9+5/8	36	0	525	225	0	525	VISU
1ST	8+3/4	7	26	0	6,986	770	760	6,986	CBL
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		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,572		<input type="checkbox"/>	<input type="checkbox"/>	

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: 2/27/2012 Email: christiscritchfield@contres.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400255340	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400255343	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>					
400251445	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400255028	CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400255052	MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400286874	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Template uploaded.	5/21/2012 9:24:44 AM
Permit	Left voice message inquiring about the directional template.	4/12/2012 12:40:54 PM
Permit	On hold - Waiting for directional template.	3/2/2012 9:42:50 AM

Total: 3 comment(s)