

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



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| DE | ET | OE | ES |
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Document Number:

400254281

Date Received:

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 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 05-123-34144-00 6. County: WELD
7. Well Name: Planck Well Number: 1-14H
8. Location: QtrQtr: NENE Section: 14 Township: 8N Range: 62W Meridian: 6
Footage at surface: Distance: 250 feet Direction: FNL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.668091 As Drilled Longitude: -104.279604

GPS Data:

Data of Measurement: 05/08/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: M. Wallace

** If directional footage at Top of Prod. Zone Dist.: 500 feet. Direction: FNL Dist.: 660 feet. Direction: FEL

Sec: 14 Twp: 8N Rng: 62W

** If directional footage at Bottom Hole Dist.: 635 feet. Direction: FSL Dist.: 622 feet. Direction: FEL

Sec: 23 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) 01/17/2012 13. Date TD: 02/06/2012 14. Date Casing Set or D&A: 02/08/2012

15. Well Classification:

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

16. Total Depth MD 16195 TVD** 6690 17 Plug Back Total Depth MD 16195 TVD** 6690

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 and Mud Logs

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 | 535 | 270 | | | |
| 1ST | | 7 | 26 | 0 | 7,043 | 844 | | | |
| 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 | 6,560 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,726 | | <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: _____ Print Name: Christi Scritchfield

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400260703 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400260686 | 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> | | | | | |
| 400260652 | PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400260679 | PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400260681 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400290542 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)