

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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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)