

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:

400268993

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
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 05-123-34825-00
6. County: WELD
7. Well Name: Buchner Well Number: 1-2H
8. Location: QtrQtr: Lot 1 Section: 2 Township: 7N Range: 60W Meridian: 6
Footage at surface: Distance: 250 feet Direction: FNL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.610890 As Drilled Longitude: -104.052294

GPS Data:

Data of Measurement: 05/04/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 355 feet. Direction: FNL Dist.: 735 feet. Direction: FEL

Sec: 2 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 662 feet. Direction: FSL Dist.: 830 feet. Direction: FEL

Sec: 11 Twp: 7N Rng: 60W

9. Field Name: CROW 10. Field Number: 13600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/13/2012 13. Date TD: 03/11/2012 14. Date Casing Set or D&A: 03/12/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 15680 TVD** 6192 17 Plug Back Total Depth MD 15680 TVD** 6192

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 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		0	60	6			
SURF		9+5/8	36	0	560	270			
1ST		7	26	0	6,479	616			
1ST LINER		4+1/2	12	5692	15,664				

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	6,031		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,088		<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>			
400276733	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400276735	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>			
400276725	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276732	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293010	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)