

FORM
5Rev
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:

400404040

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: (405) 234-9000

3. Address: PO BOX 269000

Fax: (405) 234-9562

City: OKLAHOMA CITY State: OK Zip: 73126

5. API Number 05-123-35277-00

6. County: WELD

7. Well Name: Leggett

Well Number: 1-5H

8. Location: QtrQtr: NWSW Section: 5 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 1970 feet Direction: FSL Distance: 250 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 1969 feet. Direction: FSL Dist.: 250 feet. Direction: FWL

Sec: 5 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 1931 feet. Direction: FSL Dist.: 234 feet. Direction: FWL

Sec: 5 Twp: 7N Rng: 60W

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) 03/04/2013 13. Date TD: 03/23/2013 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 6694 TVD** 6693 17 Plug Back Total Depth MD 5740 TVD** 5739

18. Elevations GR 4917 KB 4939

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:

OHL 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	75	0	102	30	0	102	CALC
SURF	13+1/2	9+5/8	36	0	675	245	0	245	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	NEW		210	5,993	6,757
	NEW		355	5,183	5,993

Details of work:

The second plug will be used to kick off horizontal

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	6,078	6,194	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,195	6,433	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
FORT HAYS	6,434	6,487	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,488	6,496	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	6,497	6,694	<input type="checkbox"/>	<input type="checkbox"/>	Core was from 6259 ft. to 6385 ft.

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: _____

Email: christiscritchfield@contres.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400406096	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400405613	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>					
400405188	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400405189	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400405652	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)