

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:
400409412

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: 19160 4. Contact Name: Justin Carlile
 2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: (281) 293-1499
 3. Address: P O BOX 2197 Fax: (432) 688-6910
 City: HOUSTON State: TX Zip: 77252-

5. API Number 05-005-07177-00 6. County: ARAPAHOE
 7. Well Name: Tebo 32 Well Number: 2
 8. Location: QtrQtr: SE/NW Section: 32 Township: 4S Range: 64W Meridian: 6
 Footage at surface: Distance: 2728 feet Direction: FSL Distance: 1472 feet Direction: FWL
 As Drilled Latitude: 39.659870 As Drilled Longitude: -104.578704

GPS Data:
 Date of Measurement: 12/24/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: Robert Kay

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

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) 12/25/2011 13. Date TD: 01/15/2012 14. Date Casing Set or D&A: 01/18/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8656 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 5926 KB 5944 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:
Mud, Triple Combo, Caliper, Gamma Ray, Cement Ticket

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+0/0	16+0/0		0	60	50	0	60	VISU
SURF	12+1/4	9+5/8	36	0	2,188	750	0	2,180	CBL
1ST	8+3/4	7+0/0	26	0	8,629	535	2,010	8,450	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	7,648	7,734	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,734	8,041	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,041	8,069	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,069	8,122	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,122	8,205	<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	8,205	8,463	<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,463	8,656	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is a Monitor well only with no intent to produce in the near future. We are including a revised GPS reading with a letter from the surveyor for the most accurate locations.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Justin Carlile

Title: Regulatory Specialist Date: _____ Email: justin.carlile@conocophillips.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400415528	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400415830	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>			
400409871	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400409872	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400409873	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400409874	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415525	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415596	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415817	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415823	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)