

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:

400410790

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: Zach Green

2. Name of Operator: CONTINENTAL RESOURCES INC

Phone: (405) 234-9688

3. Address: PO BOX 269000

Fax: (405) 234-9562

City: OKLAHOMA CITY State: OK Zip: 73126

5. API Number 05-123-36703-00

6. County: WELD

7. Well Name: Buchner

Well Number: 2-2H

8. Location: QtrQtr: NWSW Section: 2 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 2434 feet Direction: FSL Distance: 662 feet Direction: FWL

As Drilled Latitude: 40.603695 As Drilled Longitude: -104.066655

GPS Data:

Data of Measurement: 10/02/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 1784 feet. Direction: FSL Dist.: 661 feet. Direction: FWL

Sec: 2 Twp: 7N Rng: 60W

** If directional footage at Bottom Hole Dist.: 2551 feet. Direction: FSL Dist.: 661 feet. Direction: FWL

Sec: 11 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) 03/30/2013 13. Date TD: 04/06/2013 14. Date Casing Set or D&A: 04/13/2013

15. Well Classification:

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

16. Total Depth MD 11192 TVD** 6290 17 Plug Back Total Depth MD 11192 TVD** 6290

18. Elevations GR 4932 KB 4956

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 | 20 | 16 | 84 | 0 | 80 | 30 | 0 | 80 | CALC |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 678 | 195 | 0 | 678 | CALC |
| 1ST | 8+3/4 | 7 | 26 | 0 | 6,655 | 720 | 0 | 6,655 | CBL |
| 1ST LINER | 6 | 4+1/2 | 12 | 5586 | 11,032 | | | | |

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 | 6,100 | 6,264 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,265 | | <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: Zach Green

Title: Regulatory Compliance Date: _____ Email: Zach.Green@clr.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400411435 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400411441 | 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> | | | | | |
| 400411433 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400411446 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group Comment Comment Date

| | | |
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Total: 0 comment(s)