

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
2. Name of Operator: CONTINENTAL RESOURCES INC
3. Address: PO BOX 269000
City: OKLAHOMA CITY State: OK Zip: 73126
4. Contact Name: Zach Green
Phone: (405) 234-9688
Fax: (405) 234-9562

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:
Date 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

Total: 0 comment(s)