

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



DE ET OE ES

Document Number:

400478589

Date Received:

09/13/2013

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: Dave Banko

2. Name of Operator: CONOCO PHILLIPS COMPANY

Phone: (303) 820-4480

3. Address: P O BOX 2197

Fax: (303) 820-4124

City: HOUSTON State: TX Zip: 77252-

5. API Number 05-001-09759-00

6. County: ADAMS

7. Well Name: State of Colorado 36

Well Number: 1

8. Location: QtrQtr: NWSE Section: 36 Township: 3s Range: 64w Meridian: 6

Footage at surface: Distance: 2396 feet Direction: FSL Distance: 2600 feet Direction: FEL

As Drilled Latitude: 39.744706 As Drilled Longitude: -104.497933

GPS Data:

Data of Measurement: 05/09/2013 PDOP Reading: 2.9 GPS Instrument Operator's Name: Dallas Nielsen

** 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: 9829.9

12. Spud Date: (when the 1st bit hit the dirt) 12/13/2012 13. Date TD: 12/25/2012 14. Date Casing Set or D&A: 12/28/2012

15. Well Classification:

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

16. Total Depth MD 7700 TVD** 17 Plug Back Total Depth MD 7680 TVD**

18. Elevations GR 5555 KB 5579

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:

RT Scanner/Sonic Scanner/Density/Neutron/GR/HNGS (uploaded separately by ConocoPhillips)

Mudlog

MWD/GR

Cased Hole Cement Bond Log (uploaded separately by ConocoPhillips)

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	24	16	CMP	0	100	440	0	100	VISU
SURF	12+1/4	9+5/8	36	0	1,803	689	0	1,803	VISU
1ST	8+3/4	7	32	0	7,680	550	2,500	7,680	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	7,134	7,174	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #1 7,080' to 7,260'
NIOBRARA	7,174	7,491	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #1 7,080' to 7,260', Core #2 7,260' to 7,440', Core #3 7,440' to 7,620'
FORT HAYS	7,491	7,520	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #3 7,440' to 7,620'
CARLILE	7,520	7,583	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #3 7,440' to 7,620'
GREENHORN	7,583	7,700	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Core #3 - 7,440' to 7,620'

Comment:

LAS Logs have been uploaded directly by ConocoPhillips.
 Certain attachments have been attached by ConocoPhillips. For direct contact with ConocoPhillips, please contact Reba Tidwell, RBU Regulatory Technician, 281-647-1856, email: rebecca.draehn@cop.com.

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

Signed: _____ Print Name: David F. Banko

Title: Permit Agent Date: 9/13/2013 Email: dave@banko1.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400481217	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400481219	Core Analysis	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400481215	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400478589	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400484322	PDS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400488258	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400488260	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400488267	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400488268	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400488269	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400488273	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400488274	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)