

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:

400481410

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.

Completion Type [X] 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 City: HOUSTON State: TX Zip: 77252- Fax: (303) 820-4124

5. API Number 05-005-07208-00 6. County: ARAPAHOE
7. Well Name: Zukowski 17 Well Number: 1H
8. Location: QtrQtr: NENE Section: 17 Township: 4S Range: 64W Meridian: 6
Footage at surface: Distance: 863 feet Direction: FNL Distance: 250 feet Direction: FEL
As Drilled Latitude: 39.707839 As Drilled Longitude: -104.565644

GPS Data:
Date of Measurement: 09/16/2013 PDOP Reading: 3.3 GPS Instrument Operator's Name: Dave Swanson

\*\* 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) 07/06/2013 13. Date TD: 07/10/2013 14. Date Casing Set or D&A: 07/12/2013

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

16. Total Depth MD 8000 TVD\*\* 17 Plug Back Total Depth MD 6815 TVD\*\*

18. Elevations GR 5650 KB 5674
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:
Triple Combo/GR from TD (8,000') to surface

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include CONDUCTOR, SURF, and OPEN HOLE.

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 07/12/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	6,999	325	6,815	7,970

Details of work:

Set 9 5/8" casing to 1,975'. Drilled 8 3/4" pilot bore to 8,000', logged. Set whipstock and 2 7/8" tailpipe, whipstock at 6,999', tailpipe at 7,970'. Total tool length is 959'. Cemented with balanced plug, 325 sxs Class G, 15.8 ppg, 1.52 cu ft/sk yield. Tagged top of cement at 6,815.

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	7,402	7,457	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,457	7,781	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,781	7,805	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,805	7,862	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,862	8,000	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs and attachments uploaded directly from ConocoPhillips. For direct contact, Reba Tidwell, 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: \_\_\_\_\_

Email: dave@banko1.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400491218	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400491226	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"/>
<b>Other Attachments</b>			
400488391	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489712	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489713	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489716	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489717	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490731	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490732	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490733	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490734	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400490735	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493975	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493983	LAS-TRIPLE COMBINATION	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)