

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:

400505369

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: 26580  
2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP  
3. Address: PO BOX 4289  
City: FARMINGTON State: NM Zip: 87499  
4. Contact Name: Justin Carlile  
Phone: (281) 647-1857  
Fax: (432) 688-6019

5. API Number 05-005-07173-00  
6. County: ARAPAHOE  
7. Well Name: WATKINS Well Number: 4-64-19-1H  
8. Location: QtrQtr: NENE Section: 19 Township: 4S Range: 64W Meridian: 6  
Footage at surface: Distance: 250 feet Direction: FNL Distance: 250 feet Direction: FEL  
As Drilled Latitude: 39.695280 As Drilled Longitude: -104.584760

GPS Data:

Data of Measurement: 09/19/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dave Swanson

\*\* If directional footage at Top of Prod. Zone Dist.: 600 feet. Direction: FNL Dist.: 693 feet. Direction: FEL

Sec: 19 Twp: 4S Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 615 feet. Direction: FNL Dist.: 606 feet. Direction: FWL

Sec: 19 Twp: 4S Rng: 64W

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) 08/17/2013 13. Date TD: 08/31/2013 14. Date Casing Set or D&A: 09/01/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12221 TVD\*\* 7719 17 Plug Back Total Depth MD 12211 TVD\*\* 7719

18. Elevations GR 5701 KB 5725  
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:

No openhole wireline logs were run.  
Log While Drilling - Triple Combo

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	26	16	CMP	0	105	200	0	105	VISU
SURF	13+1/2	9+5/8	36	0	1,989	420	0	1,989	VISU
1ST	8+3/4	7	32	0	8,031	610	642	8,031	CALC
1ST LINER	6	4+1/2	13.5	6933	12,211	360	6,933	12,211	CALC

**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	7,470	7,529	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,529		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Intermediate cement top has not yet been determined by CBL/USIT, top shown is as calculated and is shown in the Intermediate Cement Job Report. The CBL log will be submitted separately to COGCC when received.

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 ?	
<b>Attachment Checklist</b>			
400505606	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400505601	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>			
400505586	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505629	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505647	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505648	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505649	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505651	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505655	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505658	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505669	LAS-MUD	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)