

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:

400507920

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: 19160 4. Contact Name: Justin Carlile
 2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: (281) 647-1857
 3. Address: P O BOX 2197 Fax: (281) 647-1935
 City: HOUSTON State: TX Zip: 77252-

5. API Number 05-005-07212-00 6. County: ARAPAHOE
 7. Well Name: Cline 4-64 2 Well Number: 1H
 8. Location: QtrQtr: SENE Section: 2 Township: 4S Range: 64W Meridian: 6
 Footage at surface: Distance: 1996 feet Direction: FNL Distance: 265 feet Direction: FEL
 As Drilled Latitude: 39.732806 As Drilled Longitude: -104.509206

GPS Data:
Data of Measurement: 11/07/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: Darren Shanks

** If directional footage at Top of Prod. Zone Dist.: 1975 feet. Direction: FNL Dist.: 870 feet. Direction: FEL
 Sec: 2 Twp: 4S Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 1977 feet. Direction: FNL Dist.: 883 feet. Direction: FWL
 Sec: 2 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) 10/14/2013 13. Date TD: 10/27/2013 14. Date Casing Set or D&A: 10/30/2013

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

16. Total Depth MD 11240 TVD** 7427 17 Plug Back Total Depth MD 11230 TVD** 7427

18. Elevations GR 5586 KB 5610 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:
 Open hole electric wireline logs were not run. Logging While Drilling log and mudlog attached. Cement bond log attached.

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	39.7	0	100	50	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,890	600	0	1,890	VISU
1ST	8+3/4	7	32	0	7,703	575	0	7,703	VISU
1ST LINER	6	4+1/2	13.5	6659	11,230	295	6,659	11,230	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	
PIERRE A	6,722	7,111	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE B	7,111	7,138	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,138	7,210	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,210		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CBL Attached. There were cement returns to surface during the Intermediate Cement job so the cement top was verified visually. There are three different attachments for each of the three cement job reports, however, all cement jobs are contained within one pdf which is attached three times and labeled for each of the cement jobs. Scroll down to review the Intermediate and Liner cement job tickets.

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 ?	
Attachment Checklist			
400517038	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400517027	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"/>
Other Attachments			
400517041	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517043	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517044	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517046	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517047	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517048	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517256	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520612	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520613	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520660	PDF-CEMENT BOND	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)