

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:

400515456

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

4. Contact Name: Ali Savage

2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP

Phone: (281) 206-5359

3. Address: PO BOX 4289

Fax: (281) 2065721

City: FARMINGTON State: NM Zip: 87499

5. API Number 05-005-07180-00

6. County: ARAPAHOE

7. Well Name: BOMHOFF

Well Number: 5-8H

8. Location: QtrQtr: SWNW Section: 9 Township: 4S Range: 64W Meridian: 6

Footage at surface: Distance: 2032 feet Direction: FNL Distance: 250 feet Direction: FWL

As Drilled Latitude: 39.719119 As Drilled Longitude: -104.563678

GPS Data:

Data of Measurement: 10/17/2013 PDOP Reading: 1.5 GPS Instrument Operator's Name: Dallas Nielsen

\*\* If directional footage at Top of Prod. Zone Dist.: 2019 feet. Direction: FNL Dist.: 577 feet. Direction: FWL

Sec: 9 Twp: 4S Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 1958 feet. Direction: FNL Dist.: 462 feet. Direction: FEL

Sec: 9 Twp: 4S Rng: 64W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: N/A

12. Spud Date: (when the 1st bit hit the dirt) 11/05/2013 13. Date TD: 11/19/2013 14. Date Casing Set or D&A: 11/22/2013

15. Well Classification:

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

16. Total Depth MD 12142 TVD\*\* 7468 17 Plug Back Total Depth MD 12132 TVD\*\* 7468

18. Elevations GR 5609 KB 5633

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:

Openhole logs were not run, Log While Drilling (LWD) 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	26	16	CMP	0	100	50	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,928	610	0	1,928	VISU
1ST	8+3/4	7	32	0	7,915	590	80	7,915	CBL
1ST LINER	6	4+1/2	13.5	6688	12,132	345	6,888	12,132	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	7,508	7,618	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,618		<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: Ali Savage

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: ali.savage@conocophillips.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400520694	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400521515	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>					
400517599	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400517601	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400517603	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400517604	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400522564	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400523202	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400523205	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400523207	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400523208	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400526067	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)