

Document Number:
400532873

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: Ali Savage
 2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: (281) 2065359
 3. Address: P O BOX 2197 Fax: (281) 2065721
 City: HOUSTON State: TX Zip: 77252-

5. API Number 05-005-07210-00 6. County: ARAPAHOE
 7. Well Name: Tebo 4 Well Number: 1H
 8. Location: QtrQtr: SWSW Section: 4 Township: 5S Range: 64W Meridian: 6
 Footage at surface: Distance: 900 feet Direction: FSL Distance: 250 feet Direction: FWL
 As Drilled Latitude: 39.640261 As Drilled Longitude: -104.565447

GPS Data:
 Date of Measurement: 02/07/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dallas Nelson

** 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) 12/27/2013 13. Date TD: 01/09/2014 14. Date Casing Set or D&A: 01/16/2014

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

16. Total Depth MD 9800 TVD** _____ 17 Plug Back Total Depth MD 6937 TVD** _____

18. Elevations GR 5888 KB 5912 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:
LWD, Mud, Open Hole 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	100	50	0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,188	680	0	2,188	VISU
OPEN HOLE	8+3/4			2188	9,800				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	7,130	825	6,950	9,800

Details of work:

Drilled and set 9 5/8" surface casing to 2,188'. Drilled 8 3/4" pilot bore to TD 9,800', then logged. Plugged back from 9800' to 7,742' with 3 balanced plugs, total 615 sacks Class B cmt, 15.8 ppg, yeild 1.52 cu ft/sk. Set whipstock and 2 7/8" tailpipe, top of whipstock at 7,130' and bottom of tailpipe at 7,742'. Total tool length is 612'. Cemented balanced plug with 210 sacks CLass G cmt, 15.8 ppg, yield 1.52 cu ft/sk. Top of cement tagged at 6,950'.

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	
SUSSEX	4,983		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,267		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,605	7,630	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,630	7,946	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,946	7,976	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,976	8,042	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,042	8,252	<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	8,252	8,346	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	8,346	8,381	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,381	8,510	<input type="checkbox"/>	<input type="checkbox"/>	
LAKOTA	8,510	9,336	<input type="checkbox"/>	<input type="checkbox"/>	
LYKINS	9,336	9,512	<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	9,512	9,650	<input type="checkbox"/>	<input type="checkbox"/>	
FOUNTAIN	9,650		<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@cop.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400532879	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" 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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400556640	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556642	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556643	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400562520	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400562521	LAS-COMBINATION OPEN HOLE	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)