

**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



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Document Number:  
400579511

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) 2065359  
 3. Address: PO BOX 4289 Fax: (281) 2065721  
 City: FARMINGTON State: NM Zip: 87499

5. API Number 05-005-07189-00 6. County: ARAPAHOE  
 7. Well Name: Watkins Well Number: 30-5-8H  
 8. Location: QtrQtr: SWNW Section: 30 Township: 4S Range: 64W Meridian: 6  
 Footage at surface: Distance: 2280 feet Direction: FNL Distance: 350 feet Direction: FWL  
 As Drilled Latitude: 39.675472 As Drilled Longitude: -104.602250

GPS Data:

Date of Measurement: 03/31/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dallas Nielsen

\*\* 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) 03/01/2014 13. Date TD: 03/14/2014 14. Date Casing Set or D&A: 03/17/2014

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8203 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6925 TVD\*\* \_\_\_\_\_

18. Elevations GR 5764 KB 5789

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, Wireline

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		0	2,052	650	0	2,062	VISU
OPEN HOLE	8+3/4			2062	8,203				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/08/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	7,176	340	6,976	8,203

Details of work:

Drilled and set 9 5/8" surface casing to 2052'. Drilled 8 3/4" pilot bore to TD 8203', then logged. Set whipstock and 2 7/8" tailpipe, top of whipstock at 7176' bottom of tailpipe at 8166'. Total tool length 990'. Cemented balanced plug with 340 sxs Class G, 15.8 ppg, yield 1.52 cu ft/sk. Top of cement tagged at 6925'.

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	4,922	5,070	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,257	5,470	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,534	7,662	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,662	7,972	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,972	8,000	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,000	8,064	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,064		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Watkins 5-8H -01 wellbore will be submitted when CBL has been run. CBL will be run prior to fracking and after the remainder of the four wells on this pad have been drilled.

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 ?	
<b>Attachment Checklist</b>			
400584902	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"/>
<b>Other Attachments</b>			
400584910	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584917	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584918	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584921	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584925	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)