

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:  
400603028

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 05-005-07217-00 6. County: ARAPAHOE  
7. Well Name: Grimm Motocross 4-65 23-24 Well Number: 1H  
8. Location: QtrQtr: SESE Section: 22 Township: 4S Range: 65W Meridian: 6  
Footage at surface: Distance: 960 feet Direction: FSL Distance: 350 feet Direction: FEL  
As Drilled Latitude: 39.684608 As Drilled Longitude: -104.642128

GPS Data:  
Date of Measurement: 06/03/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Dallas Nielsen

\*\* If directional footage at Top of Prod. Zone Dist.: 953 feet. Direction: FSL Dist.: 2273 feet. Direction: FWL  
Sec: 23 Twp: 4S Rng: 65W  
\*\* If directional footage at Bottom Hole Dist.: 912 feet. Direction: FSL Dist.: 735 feet. Direction: FEL  
Sec: 24 Twp: 4S Rng: 65W

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) 03/29/2014 13. Date TD: 05/22/2014 14. Date Casing Set or D&A: 05/27/2014

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

16. Total Depth MD 17548 TVD\*\* 7745 17 Plug Back Total Depth MD 17448 TVD\*\* 7758

18. Elevations GR 5759 KB 5783  
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:  
MWD, Mud, CBL

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	2,258	700	0	2,258	VISU
1ST	8+3/4	7	32	0	8,283	570	0	8,283	VISU
1ST LINER	6	4+1/2	13.5	7045	17,448	670	44	17,548	CBL

### 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	
SHANNON	4,415		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,330		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,674	7,861	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,861		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well had an unplanned sidetrack. A Form 5 will be submitted for the now -01 sidetrack wellbore.

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>			
400618645	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400625317	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>			
400625315	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400625320	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400625325	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400625328	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400625333	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400625337	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400627014	DIRECTIONAL DATA	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)