

FORM
5Rev
09/14

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:

400712330

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

OGCC Operator Number: 26580

Contact Name: Ali Savage

Name of Operator: BURLINGTON RESOURCES OIL & GAS LP

Phone: (281) 2065359

Address: PO BOX 4289

Fax: (281) 2065721

City: FARMINGTON State: NM Zip: 87499

API Number 05-005-07224-00

County: ARAPAHOE

Well Name: Sky Ranch 4-65 9-10

Well Number: 1H

Location: QtrQtr: NENE Section: 10 Township: 4S Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 350 feet Direction: FEL

As Drilled Latitude: 39.723817 As Drilled Longitude: -104.642000

GPS Data:

Date of Measurement: 10/06/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Dallas Nielsen

** If directional footage at Top of Prod. Zone Dist.: 663 feet. Direction: FNL Dist.: 1262 feet. Direction: FEL

Sec: 10 Twp: 4S Rng: 65W

** If directional footage at Bottom Hole Dist.: 676 feet. Direction: FNL Dist.: 488 feet. Direction: FWL

Sec: 9 Twp: 4S Rng: 65W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/06/2014 Date TD: 09/23/2014 Date Casing Set or D&A: 09/22/2014

Rig Release Date: 09/23/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17305 TVD** 7958 Plug Back Total Depth MD 17294 TVD** 7958

Elevations GR 5675 KB 5699 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

LWD, Mud, CBL

CASING, LINER AND CEMENT

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	2,207	690	0	2,207	VISU
1ST LINER	8+3/4	5+1/2	23	0	17,294	2,465	2,103	17,305	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHANNON	5,103		NO	NO	
SUSSEX	5,594		NO	NO	
SHARON SPRINGS	7,702		NO	NO	
NIOBRARA	7,780		NO	NO	

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>		
400712825	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"/>
<u>Other Attachments</u>		
400712786	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712787	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712790	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712794	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712796	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712797	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712799	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712843	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400712847	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)