

**FORM**  
**5**  
Rev  
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:  
401436068

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: 19160 Contact Name: Jennifer Dixon  
 Name of Operator: CONOCO PHILLIPS COMPANY Phone: (832) 486-3345  
 Address: P O BOX 2197 Fax: \_\_\_\_\_  
 City: HOUSTON State: TX Zip: 77252-

API Number 05-005-07295-00 County: ARAPAHOE  
 Well Name: State Bierstadt 4-65 35-34 Well Number: 1DH  
 Location: QtrQtr: NENE Section: 35 Township: 4S Range: 65W Meridian: 6  
 Footage at surface: Distance: 1250 feet Direction: FNL Distance: 650 feet Direction: FEL  
 As Drilled Latitude: 39.663889 As Drilled Longitude: -104.624589

GPS Data:  
 Date of Measurement: 09/01/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Dallas Nielsen

\*\* If directional footage at Top of Prod. Zone Dist.: 1035 feet. Direction: FNL Dist.: 994 feet. Direction: FEL  
 Sec: 35 Twp: 4S Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 1227 feet. Direction: FNL Dist.: 1174 feet. Direction: FWL  
 Sec: 34 Twp: 4S Rng: 65W

Field Name: WILDCAT Field Number: 99999  
 Federal, Indian or State Lease Number: 1960.12

Spud Date: (when the 1st bit hit the dirt) 08/05/2017 Date TD: 08/23/2017 Date Casing Set or D&A: 08/24/2017  
 Rig Release Date: 08/26/2017 Per Rule 308A.b.

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

Total Depth MD 16823 TVD\*\* 8105 Plug Back Total Depth MD 1650 TVD\*\* 1650

Elevations GR 5872 KB 5898 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
MWD, Mud, GR, Res

**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	24	16	65	0	126	50	0	126	VISU
SURF	12+1/4	9	36	0	2,278	770	0	2,279	VISU
1ST	8+1/2	5+1/2	23	0	16,811	2,200	1,650	16,811	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/09/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	1,773	165	1,773	2,278
STAGE TOOL	SURF	1,773	605	0	1,773

Details of work:

Rig hit a coal seam at approximately 2000', 200' above Surface Casing TD, and experienced losses. It was unlikely to raise cement to surface pumping conventionally and an attempt to do so would likely result in a top job and/or having to perforate casing.

Placed the stage collar about 500' above the shoe, pumped the tail conventionally, displaced and opened the stage tool, established circulation, and once the tail reached sufficient strength, pumped the lead cement via the stage collar.

## 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	
FOX HILLS	1,845	2,070	NO	NO	
PIERRE	2,070	7,927	NO	NO	
NIOBRARA	7,927		NO	NO	

Comment:

\* After completion of well, form 5A will be submitted with actual TPZ footages. TPZ footages provided are estimated based on the kick out point of the well bore

\*CBL Will be submitted with Form 5A

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Jennifer Dixon

Title: Regulatory Coordinator

Date: \_\_\_\_\_

Email: jennifer.a.dixon@cop.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401436295	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401436299	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>			
401436280	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436281	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436282	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436283	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436284	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436287	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)