

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.

Document Number:
402154116

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 26580 Contact Name: Coby Lazarine

Name of Operator: BURLINGTON RESOURCES OIL & GAS LP Phone: (281) 2065324

Address: 925 N ELDRIDGE PARKWAY Fax: _____

City: HOUSTON State: TX Zip: 77079

API Number 05-001-10102-00 County: ADAMS

Well Name: Big Sandy 3-65 36-31 Well Number: 1DH

Location: QtrQtr: NESE Section: 35 Township: 3S Range: 65W Meridian: 6

Footage at surface: Distance: 2465 feet Direction: FSL Distance: 465 feet Direction: FEL

As Drilled Latitude: 39.746578 As Drilled Longitude: -104.623492

GPS Data:
Date of Measurement: 04/14/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: Matthew Miller

** If directional footage at Top of Prod. Zone Dist.: 2173 feet. Direction: FNL Dist.: 498 feet. Direction: FWL
Sec: 36 Twp: 3S Rng: 65W

** If directional footage at Bottom Hole Dist.: 2175 feet. Direction: FNL Dist.: 2448 feet. Direction: FWL
Sec: 31 Twp: 3S Rng: 64W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/26/2018 Date TD: 04/05/2018 Date Casing Set or D&A: 04/07/2018

Rig Release Date: 04/08/2018 Per Rule 308A.b.

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

Total Depth MD 15399 TVD** 7552 Plug Back Total Depth MD 15340 TVD** 7552

Elevations GR 5524 KB 5549 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD; Mud Log; CBL; RES 05-001-10073-00

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	65	0	125	8	0	125	VISU
SURF	13+1/2	9+5/8	36	0	2,079	705	0	2,079	VISU
1ST	8+1/2	5+1/2	23	0	15,385	1,995	2,120	15,399	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	
FOX HILLS	1,589				
PIERRE	1,824				
SHANNON	7,406				
SHARON SPRINGS	7,617				
NIOBRARA	7,699				

Comment:

Logs run include LWD Gamma Ray, Mud Log, and CBL. Resistivity Log was run on Big Sandy 3-65 36-31 2CH (05-001-10073-00) - attached for your reference.

TPZ directional footage based on shallowest perf in the wellbore at 15,399'.

TOC based on CBL.

As-completed plat will be filed with the Form 5A submittal to certify productive interval meets setback condition.

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

Signed: _____

Print Name: Coby Lee Lazarine

Title: Regulatory Coordinator

Date: _____

Email: coby.l.lazarine@cop.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402154994	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402154976	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"/>
Other Attachments			
402154726	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402154727	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402154728	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402154729	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402154736	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402154751	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402154970	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402154971	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402155000	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)

