

FORM
5Rev
10/14**State of Colorado**
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402224519

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 19160

Contact Name: Maxwell Blair

Name of Operator: CONOCO PHILLIPS COMPANY

Phone: (303) 2683711

Address: 925 N ELDRIDGE PARKWAY

Fax:

City: HOUSTON

State: TX

Zip: 77079

Email: coby.l.lazarine@cop.com

API Number 05-005-07259-00

County: ARAPAHOE

Well Name: State La Plata 5-65 13-15

Well Number: 3DH

Location: QtrQtr: SESW Section: 13 Township: 5S Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1280 feet Direction: FSL Distance: 1728 feet Direction: FWL

As Drilled Latitude: 39.612886 As Drilled Longitude: -104.616661

GPS Data:

Date of Measurement: 02/10/2016 PDOP Reading: 1.6 GPS Instrument Operator's Name: Dallas Neilsen, G.M

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1682 feet Direction: FSL Dist: 1716 feet Direction: FWL
Sec: 13 Twp: 5S Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 1640 feet Direction: FSL Dist: 2289 feet Direction: FEL
Sec: 15 Twp: 5S 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) 11/29/2017 Date TD: 12/06/2017 Date Casing Set or D&A: 12/08/2017

Rig Release Date: 12/16/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17733 TVD** 7992 Plug Back Total Depth MD 17623 TVD** 7992

Elevations GR 5897 KB 5923

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud Log; CBL; 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		0	126	VISU
SURF	13+1/2	9+5/8	36	0	2,440	870	0	2,440	VISU
1ST	8+1/2	5+1/2	23	0	17,718	2,420	126	17,733	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	1,911				
PIERRE	2,135				
SHANNON	7,546				
SHARON SPRINGS	7,776				
NIOBRARA	7,921				

Operator Comments:

Actual TPZ based on shallowest perf in the horizontal wellbore.

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 LazarineTitle: Regulatory Coordinator

Date: _____

Email: coby.l.lazarine@cop.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402224524	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402224523	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"/>
<u>Other Attachments</u>			
402224521	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402224525	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402224526	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402224527	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402224528	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402224532	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402224576	PDF-CBL 1ST RUN	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)

