

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:
401587962

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10633 Contact Name: Renee Kendrick

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 309-1931

Address: 1801 CALIFORNIA STREET #2500 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-45831-00 County: WELD

Well Name: File Well Number: 3T-32H-K268

Location: QtrQtr: NESW Section: 32 Township: 2n Range: 68w Meridian: 6

Footage at surface: Distance: 1760 feet Direction: FSL Distance: 1782 feet Direction: FWL

As Drilled Latitude: 40.092573 As Drilled Longitude: -105.030538

GPS Data:
Date of Measurement: 03/14/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Jason Dahlman

** If directional footage at Top of Prod. Zone Dist.: 1760 feet. Direction: FSL Dist.: 2502 feet. Direction: FWL
Sec: 32 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2210 feet. Direction: FSL Dist.: 2481 feet. Direction: FWL
Sec: 20 Twp: 2N Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/12/2017 Date TD: 12/04/2017 Date Casing Set or D&A: 12/05/2017

Rig Release Date: 02/20/2018 Per Rule 308A.b.

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

Total Depth MD 13562 TVD** 7376 Plug Back Total Depth MD 13509 TVD** 7377

Elevations GR 4970 KB 4993 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud Log, MWD/LWD, CBL, (Pulsed Neutron in 123-38072)

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	20	52.78	0	98	190	0	98	VISU
SURF	13+1/2	9+5/8	40	0	1,956	748	0	1,956	VISU
1ST	13+1/2	5+1/2	20	0	13,535	2,087	0	13,535	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	
SUSSEX	4,380				
SHANNON	4,965				
SHARON SPRINGS	7,426				
NIOBRARA	7,640				

Comment:

TPZ footages are estimated; well is not completed. Estimated completion Q2 2018.

No open-hole logs were run; Cased-hole Pulsed Neutron Log was run on the File 3G-32H-K268 well, 123-38072; per BMP on APD; Rule 317.p exception granted for the well.

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

Signed: _____ Print Name: Renee Kendrick

Title: Regulatory Coordinator Date: _____ Email: renee.kendrick@crestonepr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401595732	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401595731	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			
401595713	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401595714	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401595715	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401595717	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401595718	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401595719	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)