

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



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Document Number:

401948295

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: 10633

Contact Name: Logan Siple

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Phone: (303) 5792174

Address: 1801 CALIFORNIA STREET #2500

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-47731-00

County: WELD

Well Name: Herren

Well Number: 1G-33H-H367

Location: QtrQtr: SENE Section: 33 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 2292 feet Direction: FNL Distance: 404 feet Direction: FEL

As Drilled Latitude: 40.183186 As Drilled Longitude: -104.887192

GPS Data:

Date of Measurement: 02/13/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: Dominick Davis

** If directional footage at Top of Prod. Zone Dist.: 1724 feet. Direction: FNL Dist.: 460 feet. Direction: FEL

Sec: 33 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1730 feet. Direction: FNL Dist.: 464 feet. Direction: FWL

Sec: 33 Twp: 3N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/26/2018 Date TD: 12/26/2018 Date Casing Set or D&A: 12/28/2018

Rig Release Date: 01/12/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11921 TVD** 7231 Plug Back Total Depth MD 11897 TVD** 7231

Elevations GR 4848 KB 4871 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud Log, MWD/LWD, 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	24	16	42.09	0	121	98	0	121	VISU
SURF	13+1/2	9+5/8	40	0	1,997	807	0	2,012	VISU
1ST	8+1/2	5+1/2	20	0	11,910	1,665	2,346	11,921	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	4,277		NO	NO	
SHANNON	4,805		NO	NO	
TEEPEE BUTTES	6,220		NO	NO	
SHARON SPRINGS	7,144		NO	NO	
NIOBRARA	7,277		NO	NO	

Comment:

Open Hole Logging Exception - No open-hole logs were run; Cased-hole Pulsed Neutron Log was run on the Herren 1F-33H-H367 well, 123-47729; 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: Logan Siple

Title: Drilling Technician Date: _____ Email: logan.siple@crestonepr.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401953541	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401948498	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>		
401948497	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401953524	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401953526	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401953530	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401953531	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401953558	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401953566	PDF-CEMENT BOND	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)

