

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



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Document Number:
401948831

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 05-123-47734-00 County: WELD
 Well Name: Herren Well Number: 1J-33H-H367
 Location: QtrQtr: SENE Section: 33 Township: 3N Range: 67W Meridian: 6
 Footage at surface: Distance: 2314 feet Direction: FNL Distance: 426 feet Direction: FEL
 As Drilled Latitude: 40.183128 As Drilled Longitude: -104.887269

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.: 2528 feet. Direction: FNL Dist.: 460 feet. Direction: FEL
 Sec: 33 Twp: 3N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 2520 feet. Direction: FNL Dist.: 465 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) 11/30/2018 Date TD: 01/10/2019 Date Casing Set or D&A: 01/11/2019
 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 11875 TVD** 7224 Plug Back Total Depth MD 11850 TVD** 7224

Elevations GR 4849 KB 4872 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Mud Log, MWD/LWD

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	68	0	121	VISU
SURF	13+1/2	9+5/8	40	0	1,977	796	0	1,992	VISU
1ST	8+1/2	5+1/2	20	0	11,863	1,645	3,492	11,875	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	4,257		NO	NO	
SHANNON	4,801		NO	NO	
TEEPEE BUTTES	6,220		NO	NO	
SHARON SPRINGS	7,154		NO	NO	
NIOBRARA	7,295		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 ?	
Attachment Checklist			
401955443	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401948879	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			
401948877	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401948935	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401948938	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958927	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958929	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958934	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958936	LAS-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)

