

FORM
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Rev
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:

402251904

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: 10633 Contact Name: Logan Siple
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 579-2174
Address: 1801 CALIFORNIA STREET #2500 Fax: _____
City: DENVER State: CO Zip: 80202 Email: logan.siple@crestonepr.com

API Number 05-123-47167-00 County: WELD
Well Name: Hingley Well Number: 1A-18H-A167
Location: QtrQtr: NENE Section: 18 Township: 1N Range: 67W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 514 feet Direction: FNL Distance: 617 feet Direction: FEL
As Drilled Latitude: 40.057010 As Drilled Longitude: -104.926170

GPS Data:

Date of Measurement: 07/18/2019 PDOP Reading: 3.5 GPS Instrument Operator's Name: Scott Porter
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 2396 feet Direction: FEL
Sec: 18 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist: 466 feet Direction: FSL Dist: 2391 feet Direction: FEL
Sec: 18 Twp: 1N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/29/2019 Date TD: 10/02/2019 Date Casing Set or D&A: 10/04/2019

Rig Release Date: 11/06/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 12651 TVD** 7609 Plug Back Total Depth MD 12637 TVD** 7609

Elevations GR 5054 KB 5077 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, CBL (IND in 123-07367)

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	0	122	48	0	122	VISU
SURF	13+1/2	9+5/8	40	0	2,599	974	0	2,599	VISU
1ST	8+3/4	5+1/2	20	0	12,651	1,469	2,481	12,664	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	4,775		NO	NO	
SHANNON	5,393		NO	NO	
SHARON SPRINGS	7,673		NO	NO	
NIOBRARA	7,737		NO	NO	

Operator Comments:

TPZ footages are estimated; well is not completed. Estimated completion Q2 2020.

Open Hole Logging Exception - No open-hole logs were run; Log used for the Exception was an Induction Log run on the Hingley Farms 1, 123-07367

Cased-hole Pulsed Neutron Log was run on the Hingley 1F-18H-A167 well, 123-47171; per BMP on APD; Rule 317.p exception granted for the well.

GPS locations were taken on preset conductors.

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

Signed: _____

Print Name: Lindsey Organ

Title: Regulatory Coordinator

Date: _____

Email: lindsey.organ@crestonepr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402262360	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402262359	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			
402262329	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262331	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262333	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262342	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262356	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)

