

FORM  
5

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:

402262489

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

API Number <u>05-123-47162-00</u>	County: <u>WELD</u>
Well Name: <u>Hingley</u>	Well Number: <u>1E-18H-A167</u>
Location: QtrQtr: <u>NENE</u> Section: <u>18</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>514</u> feet Direction: <u>FNL</u> Distance: <u>577</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.057010</u> As Drilled Longitude: <u>-104.926030</u>	
GPS Data:	
Date of Measurement: <u>07/18/2019</u> PDOP Reading: <u>2.9</u> GPS Instrument Operator's Name: <u>Scott Porter</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>460</u> feet Direction: <u>FNL</u> Dist: <u>1431</u> feet Direction: <u>FEL</u>	
Sec: <u>18</u> Twp: <u>1N</u> Rng: <u>67W</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>466</u> feet Direction: <u>FSL</u> Dist: <u>1450</u> feet Direction: <u>FEL</u>	
Sec: <u>18</u> Twp: <u>1N</u> Rng: <u>67W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 08/03/2019 Date TD: 10/12/2019 Date Casing Set or D&A: 10/13/2019  
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 <u>12514</u> TVD** <u>7590</u> Plug Back Total Depth MD <u>12481</u> TVD** <u>7590</u>
Elevations GR <u>5056</u> KB <u>5079</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input type="checkbox"/>

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	2,580	1,022	0	2,580	VISU
1ST	8+3/4	5+1/2	20	0	12,495	1,441	3,161	12,514	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	4,703		NO	NO	
SHANNON	5,300		NO	NO	
SHARON SPRINGS	7,517		NO	NO	
NIOBRARA	7,575		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 ?	
<b>Attachment Checklist</b>			
402262610	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402262606	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"/>
<b>Other Attachments</b>			
402262593	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262596	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262597	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262599	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402262605	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)

