

FORM
5

Rev
02/20

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:

402152919

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>10071</u>	Contact Name: <u>Bill Ramsey</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 312-8131</u>
Address: <u>555 17TH ST STE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bramsey@hpres.com</u>

API Number <u>05-123-47295-00</u>	County: <u>WELD</u>
Well Name: <u>Critter Creek</u>	Well Number: <u>16-6302BE</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>16</u> Township: <u>11N</u> Range: <u>63W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>575</u> feet Direction: <u>FSL</u> Distance: <u>785</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.916657</u> As Drilled Longitude: <u>-104.444670</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: _____ Date of Measurement: <u>09/14/2018</u>	
GPS Instrument Operator's Name: <u>Jonathan Bayliff</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>345</u> feet Direction: <u>FSL</u> Dist: <u>1276</u> feet Direction: <u>FWL</u>	
Sec: <u>16</u> Twp: <u>11N</u> Rng: <u>63W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>232</u> feet Direction: <u>FNL</u> Dist: <u>868</u> feet Direction: <u>FWL</u>	
Sec: <u>9</u> Twp: <u>11N</u> Rng: <u>63W</u>	
Field Name: <u>HEREFORD</u> Field Number: <u>34200</u>	
Federal, Indian or State Lease Number: <u>CO 8725.5</u>	

Spud Date: (when the 1st bit hit the dirt) 09/05/2018 Date TD: 02/05/2019 Date Casing Set or D&A: 02/06/2019
Rig Release Date: 03/04/2019 Per Rule 308A.b.

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

Total Depth MD <u>17916</u> TVD** <u>7413</u> Plug Back Total Depth MD <u>17863</u> TVD** <u>7413</u>
Elevations GR <u>5267</u> KB <u>5287</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
MWD/LWD, CBL, (RES in 05-123-47298)

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
SURF	13+1/2	9+5/8	36	0	1,550	440	0	1,550	VISU
1ST	8+3/4	7	23	0	7,900	790	300	7,900	CBL
2ND	6+1/8	4+1/2	13.5/11.6	0	17,910	520	6,890	17,910	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	
PARKMAN	4,370	4,703	NO	NO	
SUSSEX	5,220	5,645	NO	NO	
SHANNON	6,060	6,232	NO	NO	
SHARON SPRINGS	7,418		NO	NO	
NIOBRARA	7,526		NO	NO	

Operator Comments:

Alternative Logging Program - No open-hole logs were run. This log was run in the Critter Creek 16-6104B (API 05-123-47298) in the form of an Open-hole resistivity log with gamma.

PBTD is taken from wet shoe sub set depth.

The surface casing cement job summary incorrectly report the setting depth of the surface casing due to different KB elevations. The depth being reported is taken based on the KB elevation reported in this Form 5 (20').

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

Signed: _____

Print Name: Bill Ramsey

Title: Regulatory Analyst

Date: _____

Email: bramsey@hpres.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402153054	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402153010	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			
402153023	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402153025	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402153033	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402153049	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402153059	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402303139	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft - 1/31/2020 -Operator request in order to make corrections	01/31/2020
Permit	This form was submitted as a replacement to the original form 5 - doc 402027554 Original form 5 has been withdrawn	09/05/2019

Total: 2 comment(s)

