

FORM
5Rev
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:

402380754

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 05-123-47987-00

County: WELD

Well Name: Lochbuie Land

Well Number: 2L-25H-D166

Location: QtrQtr: NWNW Section: 25 Township: 1N Range: 66W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1008 feet Direction: FNL Distance: 297 feet Direction: FWL

As Drilled Latitude: 40.026767 As Drilled Longitude: -104.733899

GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP Date of Measurement: 02/22/2019

GPS Instrument Operator's Name: Brent Hill

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 0 feet Direction: FNL Dist: 0 feet Direction: FEL
Sec: 25 Twp: 1N Rng: 66W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 0 feet Direction: FNL Dist: 0 feet Direction: FEL
Sec: 25 Twp: 1N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/13/2018 Date TD: 12/14/2018 Date Casing Set or D&A: 12/14/2018

Rig Release Date: 02/23/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 2400 TVD** 2359 Plug Back Total Depth MD 2359 TVD** 2318

Elevations GR 5076 KB 5089

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Surface 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	0	121	78	0	121	VISU
SURF	13+1/2	9+5/8	40	0	2,385	1,010	0	2,400	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	

Operator Comments:

Production Section on well was not drilled.
No producing formations were drilled.
KB Elevation is for the Surface Rig.
No Directional Data available for TPZ or Bottomhole Locations; Final Directional Survey attached.
CBL and Surface Cement Job Summary were attached in the Preliminary Form 5 referred to in the related forms tab.

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 ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402380768	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
402380767	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)

