

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:

402414855

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 05-123-49800-00 County: WELD
Well Name: Herbers Well Number: 11-20H-B167
Location: QtrQtr: NWNE Section: 20 Township: 1N Range: 67W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 830 feet Direction: FNL Distance: 2302 feet Direction: FEL
As Drilled Latitude: 40.041520 As Drilled Longitude: -104.913260
GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 09/24/2019
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: 612 feet Direction: FEL
Sec: 20 Twp: 1N Rng: 67W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2164 feet Direction: FNL Dist: 585 feet Direction: FEL
Sec: 29 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) 10/16/2019 Date TD: 03/29/2020 Date Casing Set or D&A: 03/31/2020
Rig Release Date: 04/08/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 15298 TVD** 7700 Plug Back Total Depth MD 15269 TVD** 7700

Elevations GR 5107 KB 5130 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MUD, MWD/LWD (IND in 123-19695)

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 | 81 | 0 | 122 | VISU |
| SURF | 13+1/2 | 9+5/8 | 40 | 0 | 2,586 | 1,003 | 0 | 2,586 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 15,284 | 1,961 | 3,000 | 15,298 | CALC |

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 | 4,815 | | NO | NO | |
| SHANNON | 5,484 | | NO | NO | |
| SHARON SPRINGS | 7,669 | | NO | NO | |
| NIOBRARA | 7,710 | | NO | NO | |

Operator Comments:

TPZ footages are estimated; well is not completed. Estimated completion Q4 2020.

Open Hole Logging Exception - No open-hole logs were run; Log used for the Exception was an Induction Log run on the Herbers 31-20, 123-19695

Rule 317.p exception granted for the well.

No CBL or Cased Hole Log (if required) run or attached per Rule 502.b Variance for Rule 308A log submittal requirements. Please see approved variance (Doc #402383496)

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 | | | |
| 402414863 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402414861 | 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 | | | |
| 402414856 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402414857 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402414858 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402414859 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402414860 | 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)

