

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:

402357313

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: 10071

Contact Name: Kate Miller

Name of Operator: HIGHPOINT OPERATING CORPORATION

Phone: (720) 440-6116

Address: 555 17TH ST STE 3700

Fax:

City: DENVER

State: CO

Zip: 80202

Email: regulatory@bonanzacrk.com

API Number 05-123-50371-00

County: WELD

Well Name: FOX CREEK

Well Number: 25-5807BE

 Location: QtrQtr: SWSE Section: 25 Township: 12N Range: 63W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 931 feet Direction: FSL Distance: 1440 feet Direction: FEL

As Drilled Latitude: 40.975920 As Drilled Longitude: -104.376859

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 02/02/2020

GPS Instrument Operator's Name: Chad Meiers

FNL/FSL

FEL/FWL

 ** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
 Sec: Twp: Rng:

FNL/FSL

FEL/FWL

 ** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
 Sec: Twp: Rng:

Field Name: HEREFORD

Field Number: 34200

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/31/2020 Date TD: 01/31/2020 Date Casing Set or D&A: 01/31/2020

Rig Release Date: 02/01/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1533 TVD** Plug Back Total Depth MD TVD**

Elevations GR 5399 KB 5416

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

List Electric Logs Run:

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	20	16+1/2	85	0	97	78	0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,532	460	0	1,532	VISU

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:

The reason for suspension of drilling operations was due to economics. Operator did not have capital budget to drill remainder of later. Directional surveys were not done at the time of drill outs, and operation summary has been attached. A Final directional survey will be run for the surface casing of the well prior to drilling and completing the remainder of the well. Operations to drill/complete are planned for 4th Quarter 2022.

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

Signed: _____

Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: regulatory@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402357343	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
402826958	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)