

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:

402013284

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: (303) 241-6910

Address: 555 17TH ST STE 3700

Fax:

City: DENVER State: CO Zip: 80202

Email: regulatory@civiresources.com

API Number 05-123-47302-00

County: WELD

Well Name: Critter Creek

Well Number: 15-6104BE

Location: QtrQtr: SWSW Section: 15 Township: 11N Range: 63W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 400 feet Direction: FSL Distance: 1175 feet Direction: FWL

As Drilled Latitude: 40.916245 As Drilled Longitude: -104.424215

GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP Date of Measurement: 07/27/2018

GPS Instrument Operator's Name: James Freshwater
FNL/FSL FEL/FWL** If directional footage at Top of Prod. Zone Dist: 285 feet Direction: FSL Dist: 2616 feet Direction: FEL
Sec: 15 Twp: 11N Rng: 63W** If directional footage at Bottom Hole Dist: 241 feet Direction: FNL Dist: 2543 feet Direction: FWL
Sec: 10 Twp: 11N Rng: 63W

Field Name: HEREFORD Field Number: 34200

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/22/2018 Date TD: 08/28/2018 Date Casing Set or D&A: 08/29/2018

Rig Release Date: 11/06/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17944 TVD** 7328 Plug Back Total Depth MD 17882 TVD** 7330

Elevations GR 5242 KB 5259

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

List Electric Logs Run:

CBL, MWD/LWD, RES

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	1,551	445	0	1,551	VISU
1ST	8+3/4	7	23	0	7,945	592	2,352	7,945	CBL
1ST LINER	6+1/8	4+1/2	11.6	7625	17,939	675	7,625	17,939	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	
PARKMAN	4,334				
SHARON SPRINGS	7,572				
NIOBRARA	7,610				

Operator Comments:

PBSD is taken from the Wet Shoe Sub.

The TPZ is actual.

The BHL location was drilled past the 300' setback, however the actual BPZ is reported on the Form 5A.

Resistivity log was ran on this well. Approved APD had BMP requiring one well on this pad to be logged with open hole resistivity log with gamma ray.

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@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402914740	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402914744	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"/>
<u>Other Attachments</u>			
402013380	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402914750	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402914751	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402914754	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402914759	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402929927	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402929929	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This Form returned to "Draft" on 11/9/2021 as part of Highpoint AOC Batch 5.	11/09/2021

Total: 1 comment(s)