

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:

401990830

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>Kate Miller</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 241-6910</u>
Address: <u>555 17TH ST STE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatory@civiresources.com</u>

API Number <u>05-123-47399-00</u>	County: <u>WELD</u>
Well Name: <u>Lion Creek</u>	Well Number: <u>23-0362B</u>
Location: QtrQtr: <u>NENW</u> Section: <u>23</u> Township: <u>11N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>300</u> feet Direction: <u>FNL</u> Distance: <u>1356</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.912754</u> As Drilled Longitude: <u>-104.517211</u>	
GPS Data: GPS Quality Value: <u>1.3</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>08/06/2018</u>	
GPS Instrument Operator's Name: <u>Jared Christopher</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>354</u> feet Direction: <u>FNL</u> Dist: <u>1375</u> feet Direction: <u>FWL</u>	
Sec: <u>23</u> Twp: <u>11N</u> Rng: <u>64W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>240</u> feet Direction: <u>FSL</u> Dist: <u>1387</u> feet Direction: <u>FWL</u>	
Sec: <u>26</u> Twp: <u>11N</u> Rng: <u>64W</u>	
Field Name: <u>HEREFORD</u> Field Number: <u>34200</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 07/28/2018 Date TD: 08/18/2018 Date Casing Set or D&A: 08/18/2018  
Rig Release Date: 09/17/2018 Per Rule 308A.b.

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

Total Depth MD <u>18096</u> TVD** <u>7650</u> Plug Back Total Depth MD <u>18033</u> TVD** <u>7650</u>
Elevations GR <u>5391</u> KB <u>5411</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:  
CBL, MWD/LWD, Mud

\_\_\_\_\_

### 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	1,538	410	0	1,538	VISU
1ST	8+3/4	7	23	0	8,064	615	1,824	8,064	CBL
1ST LINER	6+1/8	4+1/2	11.6	7781	18,091	680	7,781	18,091	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	
PIERRE	1,710		NO	NO	
PARKMAN	4,540		NO	NO	
SHARON SPRINGS	7,669		NO	NO	
NIOBRARA	7,730		NO	NO	

Operator Comments:

- The TPZ is actual.
- PBSD is taken from the wet shoe sub set depth.
- The BHL location was drilled past the 300' setback, however the actual BPZ is reported on the Form 5A.
- Alternative Logging Program: No open-hole logs were ran on this well. A Resistivity log was ran on Lion Creek 23-0263D (05-123-47386). Approved APD had BMP requiring one well on 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: Rachel Milne

Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: regulatory@civiresources.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401997419	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402059091	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>			
402059094	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402067272	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402067274	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402963476	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402963477	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402963494	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402963516	PDF-CEMENT BOND	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 1/4/2022 as part of Highpoint AOC Batch 7.	01/04/2022

Total: 1 comment(s)