

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404056156

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

ECMC Operator Number: 10633

Contact Name: Kamrin Stiver

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Phone: (303) 312-8532

Address: 555 17TH STREET SUITE 3700

Fax:

City: DENVER State: CO Zip: 80202

Email: kstiver@civiresources.com

API Number 05-001-10589-00

County: ADAMS

Well Name: BIJOU 3-65

Well Number: 21-22-23 2BH

Location: QtrQtr: SENW Section: 21 Township: 3S Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2480 feet Direction: FNL Distance: 2414 feet Direction: FWL

As Drilled Latitude: 39.776823 As Drilled Longitude: -104.669638

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/11/2024

** If directional footage at Top of Prod. Zone Dist: 2158 feet Direction: FNL Dist: 150 feet Direction: FWL
Sec: 21 Twp: 3S Rng: 65W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 2143 feet Direction: FNL Dist: 344 feet Direction: FEL
Sec: 23 Twp: 3S Rng: 65W
FNL/FSL FEL/FWL

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/01/2024 Date TD: 10/30/2024 Date Casing Set or D&A: 10/31/2024

Rig Release Date: 11/19/2024 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 24285 TVD** 7789 Plug Back Total Depth MD 24275 TVD** 7789

Elevations GR 5593 KB 5618

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD, RES

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 4816

Fresh Water (bbls): 1425

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2563

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	B	36.95	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	3520	1447	3520	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	24275	3785	24275	170	CBL

Bradenhead Pressure Action Threshold 1056 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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 ECMC)
	Top	Bottom	DST	Cored	
SUSSEX	5,908		NO	NO	
SHANNON	6,467		NO	NO	
SHARON SPRINGS	8,458		NO	NO	
NIOBRARA	8,515		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.

Open hole resistivity log with gamma ray was run on this well per rule 317.p.

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

Signed: _____

Print Name: Kamrin StiverTitle: Drilling Technician

Date: _____

Email: kstiver@civiresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
404061842	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404061828	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>			
404061816	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404061821	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404061822	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404061823	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404061826	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404061827	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)