

DRILLING COMPLETION REPORT

Document Number:
401404536

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10629 Contact Name: Sydney Smith
 Name of Operator: FIFTH CREEK ENERGY OPERATING COMPANY Phone: (303) 910-4511
 Address: 5251 DTC PKWY STE 420 Fax: _____
 City: GREENWOOD State: CO Zip: 80111

API Number 05-123-42507-00 County: WELD
 Well Name: Critter Creek Well Number: 562-1527H
 Location: QtrQtr: SWSE Section: 15 Township: 11N Range: 63W Meridian: 6
 Footage at surface: Distance: 279 feet Direction: FSL Distance: 1740 feet Direction: FEL
 As Drilled Latitude: 40.915953 As Drilled Longitude: -104.415803

GPS Data:
 Date of Measurement: 08/31/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: DALLAS NIELSEN

** If directional footage at Top of Prod. Zone Dist.: 323 feet. Direction: FSL Dist.: 2265 feet. Direction: FEL
 Sec: 22 Twp: 11N Rng: 63W

** If directional footage at Bottom Hole Dist.: 300 feet. Direction: FSL Dist.: 2203 feet. Direction: FEL
 Sec: 27 Twp: 11N Rng: 63W

Field Name: DJ HORIZONTAL CODELL Field Number: 16948
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/15/2017 Date TD: 06/16/2017 Date Casing Set or D&A: 06/18/2017
 Rig Release Date: 06/18/2017 Per Rule 308A.b.

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

Total Depth MD 17882 TVD** 7482 Plug Back Total Depth MD 17837 TVD** 7482

Elevations GR 5227 KB 16 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, Mud, CBL

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	42	0	60	50	0	60	VISU
SURF	13+1/2	9+5/8	36	0	1,525	626	0	1,552	VISU
1ST	8+3/4	5+1/2	17	0	17,876	2,390	0	17,876	CBL

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	
FOX HILLS	1,118				
PIERRE A	3,213				
PARKMAN	4,168				
SHARON SPRINGS	7,174				
NIOBRARA	7,271				
FORT HAYS	7,697				
CODELL	7,797				

Comment:

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

Signed: _____

Print Name: Sydney Smith

Title: Regulatory Analyst

Date: _____

Email: ssmith@fifthcreekenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401405150	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401404660	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			
401404645	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401404650	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401404652	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401404654	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401404657	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401404658	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401404659	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401405148	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401405149	LAS-CEMENT BOND	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)