

FORM  
5Rev  
09/14

## State of Colorado

## Oil and Gas Conservation Commission

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



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Document Number:

401404536

Date Received:

## DRILLING COMPLETION REPORT

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&amp;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 ?
<u>Attachment Checklist</u>		
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"/>
<u>Other Attachments</u>		
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)