

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



DE ET OE ES

Document Number:

401404697

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 05-123-44711-00

County: WELD

Well Name: Critter Creek

Well Number: 278-1527H

Location: QtrQtr: SWSE Section: 15 Township: 11N Range: 63W Meridian: 6

Footage at surface: Distance: 279 feet Direction: FSL Distance: 1690 feet Direction: FEL

As Drilled Latitude: 40.915953 As Drilled Longitude: -104.415619

GPS Data:

Date of Measurement: 08/31/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: DALLAS NIELSEN

\*\* If directional footage at Top of Prod. Zone Dist.: 324 feet. Direction: FNL Dist.: 1610 feet. Direction: FEL

Sec: 22 Twp: 11N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 300 feet. Direction: FSL Dist.: 1663 feet. Direction: FEL

Sec: 27 Twp: 11N Rng: 63W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/17/2017 Date TD: 07/13/2017 Date Casing Set or D&amp;A: 07/15/2017

Rig Release Date: 07/16/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17844 TVD\*\* 7239 Plug Back Total Depth MD 17789 TVD\*\* 7239

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	1,524	592	0	1,524	VISU
1ST	8+3/4	5+1/2	17	0	17,834	2,585	0	17,834	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	
PIERRE A	3,212		NO	NO	
PARKMAN	4,018		NO	NO	
SHARON SPRINGS	7,061				
NIOBRARA	7,267				

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>		
401405169	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401404746	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>		
401404720	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401404725	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401404727	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401404730	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401404731	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401404732	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401404744	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401405163	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401405167	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)