

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:

401418307

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 05-123-42582-00

County: WELD

Well Name: FOX CREEK

Well Number: 222-3422H

Location: QtrQtr: NENE Section: 34 Township: 12N Range: 63W Meridian: 6

Footage at surface: Distance: 310 feet Direction: FNL Distance: 922 feet Direction: FEL

As Drilled Latitude: 40.972283 As Drilled Longitude: -104.412583

## GPS Data:

Date of Measurement: 01/25/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Troy Beasley

\*\* If directional footage at Top of Prod. Zone Dist.: 1266 feet. Direction: FSL Dist.: 2510 feet. Direction: FEL

Sec: 27 Twp: 12N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 702 feet. Direction: FNL Dist.: 2586 feet. Direction: FEL

Sec: 22 Twp: 12N 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) 01/10/2017 Date TD: 01/21/2017 Date Casing Set or D&amp;A: 01/23/2017

Rig Release Date: 01/24/2017 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 17251 TVD\*\* 7450 Plug Back Total Depth MD 17204 TVD\*\* 7394

Elevations GR 5352 KB 5365 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CBL, MWD, 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
CONDUCTOR	20	16	42	0	60	50	0	60	CALC
SURF	13+1/2	9+5/8	36	0	1,534	300	0	1,534	VISU
1ST	8+3/4	7	26	0	8,072	706	0	8,072	CBL
2ND	6+1/8	4+1/2	11	0	17,245	868	967	17,251	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 A	1,400			NO	
PARKMAN	4,515			NO	
SHARON SPRINGS	7,360			NO	
NIOBRARA	7,714			NO	

Comment:

The TPZ and BHL footages differ from the originally permitted footages. No open hole resistivity log was ran on this well and will be addressed on the next well drilled on the pad. The rig was released between each well drilled on the pad.

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>		
401418368	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401418354	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>		
401418325	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401418352	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401418442	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401419183	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401419188	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401423998	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401424002	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401424004	LAS-MWD/LWD	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)