

FORM
5
Rev
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:
401461797

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: 10625 Contact Name: Stephen Miller
 Name of Operator: HIGHLANDS NATURAL RESOURCES Phone: (361) 2309375
 Address: 2401 EAST 2ND AVENUE SUITE 150 Fax: _____
 City: DENVER State: CO Zip: 80206

API Number 05-005-07267-00 County: ARAPAHOE
 Well Name: WILDHORSE Well Number: 5-64 15-16-1BHZ
 Location: QtrQtr: NESE Section: 15 Township: 5S Range: 64W Meridian: 6
 Footage at surface: Distance: 2460 feet Direction: FSL Distance: 440 feet Direction: FEL
 As Drilled Latitude: 39.615024 As Drilled Longitude: -104.530988

GPS Data:
 Date of Measurement: 11/10/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: Ryan Desmond

** If directional footage at Top of Prod. Zone Dist.: 317 feet. Direction: FNL Dist.: 600 feet. Direction: FEL
 Sec: 15 Twp: 5S Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 338 feet. Direction: FNL Dist.: 103 feet. Direction: FWL
 Sec: 16 Twp: 5S Rng: 64W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: 89/6121-S

Spud Date: (when the 1st bit hit the dirt) 08/11/2017 Date TD: 09/04/2017 Date Casing Set or D&A: 09/07/2017
 Rig Release Date: 09/09/2017 Per Rule 308A.b.

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

Total Depth MD 18483 TVD** 7752 Plug Back Total Depth MD 18426 TVD** 7752
 Elevations GR 5938 KB 27 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Resistivity on 005-07269)

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	26	16	65	0	80	216	0	80	VISU
SURF	13+1/2	9+5/8	36	0	2,173	1,000	0	2,185	VISU
1ST	8+1/2	5+1/2	20	0	18,474	2,555	980	18,483	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	
SHANNON	4,865		NO	NO	
SUSSEX	5,184		NO	NO	
SHARON SPRINGS	7,511		NO	NO	
NIOBRARA	7,571		NO	NO	

Comment:

No Openhole logs were run. Open Hole Logs were run on the Powell 5-64 15-16-1CHZ (API: 05-005-07269)

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

Signed: _____

Print Name: Stephen Miller

Title: VP Operations

Date: _____

Email: stephen.miller@highlandsnr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401461897	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401463159	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			
401461890	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401469596	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401469601	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401469603	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401469606	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401469609	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)