

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.

Document Number:
401946556

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10633 Contact Name: Logan Siple

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 5792174

Address: 1801 CALIFORNIA STREET #2500 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-47730-00 County: WELD

Well Name: Herren Well Number: 1D-33H-H367

Location: QtrQtr: SENE Section: 33 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 2271 feet Direction: FNL Distance: 383 feet Direction: FEL

As Drilled Latitude: 40.183244 As Drilled Longitude: -104.887116

GPS Data:
Date of Measurement: 02/13/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: Dominick Davis

** If directional footage at Top of Prod. Zone Dist.: 382 feet. Direction: FNL Dist.: 460 feet. Direction: FEL
Sec: 33 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 397 feet. Direction: FNL Dist.: 466 feet. Direction: FWL
Sec: 33 Twp: 3N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/23/2018 Date TD: 12/14/2018 Date Casing Set or D&A: 12/16/2018

Rig Release Date: 01/12/2019 Per Rule 308A.b.

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

Total Depth MD 12050 TVD** 7133 Plug Back Total Depth MD 12026 TVD** 7133

Elevations GR 4848 KB 4871 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud Log, MWD/LWD, 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	24	16	42.09	0	121	68	0	121	VISU
SURF	13+1/2	9+5/8	40	0	2,008	798	0	2,023	VISU
1ST	8+1/2	5+1/2	20	0	12,040	1,682	2,540	12,050	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	
SUSSEX	4,386		NO	NO	
SHANNON	4,939		NO	NO	
TEEPEE BUTTES	6,383		NO	NO	
SHARON SPRINGS	7,444		NO	NO	
NIOBRARA	7,580		NO	NO	

Comment:

Open Hole Logging Exception - No open-hole logs were run; Cased-hole Pulsed Neutron Log was run on the Herren 1F-33H-H367 well, 123-47729; per BMP on APD;
Rule 317.p exception granted for the well.

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

Signed: _____

Print Name: Logan Siple

Title: Drilling Technician

Date: _____

Email: logan.siple@crestonepr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401946885	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401946870	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			
401946821	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401946841	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401946844	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401946851	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401946855	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401946857	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401946868	DIRECTIONAL DATA	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)

