

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:

401970345

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: 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 05-123-47984-00

County: WELD

Well Name: Lochbuie Land

Well Number: 2H-25H-D166

Location: QtrQtr: NWNW Section: 25 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 968 feet Direction: FNL Distance: 297 feet Direction: FWL

As Drilled Latitude: 40.026874 As Drilled Longitude: -104.733899

## GPS Data:

Date of Measurement: 02/22/2019 PDOP Reading: 5.9 GPS Instrument Operator's Name: Brett Hill

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/18/2019 Date TD: 12/19/2019 Date Casing Set or D&amp;A: 12/19/2019

Rig Release Date: 01/05/2019 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 2369 TVD\*\* 2361 Plug Back Total Depth MD 2327 TVD\*\* 2319

Elevations GR 5077 KB 5090

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Surface 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	111	78	0	111	VISU
SURF	13+1/2	9+5/8	40	0	2,354	997	0	2,369	VISU

## 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	

Comment:

Drilling Activity was suspended on 1/20/2019 due to offset fracing. The anticipated date to resume drilling is Q4 2019 via Production Rig.  
 No producing formations are drilled currently, all formation information will be completed once the production section is completed.  
 KB Elevation is for the Surface Rig, the Production Rig KB will be different.  
 No Directional Data available for TPZ or Bottomhole Locations; Final Directional Survey will be attached once the well is complete.

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

Signed: \_\_\_\_\_ Print Name: Lindsey Organ

Title: Regulatory Coordinator Date: \_\_\_\_\_ Email: lindsey.organ@crestonepr.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401970362	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
401985084	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401985086	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

User Group	Comment	Comment Date
Permit	•Returned to draft at Operator's request	04/03/2019

Total: 1 comment(s)

