

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:

401609764

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: 10071

Contact Name: Marjorie Rael

Name of Operator: HIGHPOINT OPERATING CORPORATION

Phone: (303) 3128115

Address: 555 17TH ST STE 3700

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-43686-00

County: WELD

Well Name: ANSCHUTZ EQUUS FARMS

Well Number: 4-62-28-0108CS

Location: QtrQtr: NWNW Section: 28 Township: 4N Range: 62W Meridian: 6

Footage at surface: Distance: 951 feet Direction: FNL Distance: 331 feet Direction: FWL

As Drilled Latitude: 40.287386 As Drilled Longitude: -104.337297

GPS Data:

Date of Measurement: 01/09/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: Jonathan Bayliff

** If directional footage at Top of Prod. Zone Dist.: 525 feet. Direction: FNL Dist.: 563 feet. Direction: FWL

Sec: 28 Twp: 4N Rng: 62W

** If directional footage at Bottom Hole Dist.: 530 feet. Direction: FNL Dist.: 400 feet. Direction: FEL

Sec: 27 Twp: 4N Rng: 62W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/12/2018 Date TD: 02/10/2018 Date Casing Set or D&A: 02/11/2018

Rig Release Date: 02/19/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16220 TVD** 6143 Plug Back Total Depth MD 16212 TVD** 6143

Elevations GR 4574 KB 4594

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

List Electric Logs Run:

MWD/LWD; CBL; MUD; (DIL IN 05-123-43682)

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 885 | 346 | 0 | 885 | VISU |
| 1ST | 8+3/4 | 7 | 23 | 0 | 6,628 | 633 | 0 | 6,628 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 5737 | 16,215 | 693 | 5,737 | 16,215 | 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 | |
| SHANNON | 4,439 | | NO | NO | |
| SHARON SPRINGS | 6,004 | | NO | NO | |
| NIOBRARA | 6,176 | | NO | NO | |

Comment:

- * PBTD is taken from the float collar set depth.
- * Mudlog has permitted BHL footages; please utilize well information tab for BHL footages that were calculated by a BBC geologist.
- * Cement job summary has incorrect set depth for casing string please utilize data provided in casing tab.
- * Resistivity Logs were ran on Anschutz Equus Farms 4-62-29-0801CNB (API 05-123-43682)
- * The BHL was drilled past the 460' setback to 530' FNL & 400' FEL, however, the deepest completed interval is 537' FNL & 498' FEL.

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

Signed: _____

Print Name: Marjorie Rael

Title: Regulatory Ops Tech

Date: _____

Email: mrael@hpres.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 401615087 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401615078 | 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> | | | |
| 401615032 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401615045 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401615066 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401615069 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401615073 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401615083 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Permit | Returned to Draft 10/11/2018 due to missing cement summary for 1st liner | 10/11/2018 |

Total: 1 comment(s)

