

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



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Document Number:

402049082

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) 579-2174

Address: 1801 CALIFORNIA STREET #2500

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-48745-00

County: WELD

Well Name: Echeverria

Well Number: 2G-2H-D267

Location: QtrQtr: NWNW Section: 2 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 898 feet Direction: FNL Distance: 619 feet Direction: FWL

As Drilled Latitude: 40.172030 As Drilled Longitude: -104.864760

GPS Data:

Date of Measurement: 02/05/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: Josh Shirley

** If directional footage at Top of Prod. Zone Dist.: 542 feet. Direction: FNL Dist.: 1164 feet. Direction: FWL

Sec: 2 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 466 feet. Direction: FSL Dist.: 1167 feet. Direction: FWL

Sec: 2 Twp: 2N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/29/2019 Date TD: 04/19/2019 Date Casing Set or D&A: 04/21/2019

Rig Release Date: 05/11/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12151 TVD** 7278 Plug Back Total Depth MD 12124 TVD** 7278

Elevations GR 4882 KB 4910 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MWD/LWD, CBL (DIL in 123-20211, IND in 123-19854)

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	44	0	121	VISU
SURF	13+1/2	9+5/8	40	0	2,278	1,006	0	2,329	VISU
1ST	8+1/2	5+1/2	20	0	12,138	1,634	1,035	12,151	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	4,390		NO	NO	
SHANNON	4,950		NO	NO	
TEEPEE BUTTES	6,366		NO	NO	
SHARON SPRINGS	7,308		NO	NO	
NIOBRARA	7,419		NO	NO	

Comment:

TPZ footages are estimated; well is not completed. Estimated completion Q2 2019.

Open Hole Logging Exception - No open-hole logs were run; Logs used for the Exception were a Dual Induction Log run on the Echeverria 12-2 well, 123-20211 and an Induction Log run on the Echeverria 11-2 well, 123-19854

Cased-hole Pulsed Neutron Log was run on the Echeverria 2F-2H-D267 well, 123-48750; 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: Lindsey Organ

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

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402075017	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402075016	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>		
402075007	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402075008	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402075010	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402075013	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402075015	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)

