

FORM
5Rev
09/14State 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:
402049726

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 05-123-48746-00

County: WELD

Well Name: Echeverria

Well Number: 2L-2H-D267

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

Footage at surface: Distance: 897 feet Direction: FNL Distance: 669 feet Direction: FWL

As Drilled Latitude: 40.172030 As Drilled Longitude: -104.864580

GPS Data:

Date of Measurement: 02/05/2019 PDOP Reading: 0.9 GPS Instrument Operator's Name: Josh Shirley

** If directional footage at Top of Prod. Zone Dist.: 480 feet. Direction: FNL Dist.: 2569 feet. Direction: FWL

Sec: 2 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 460 feet. Direction: FSL Dist.: 2563 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) 01/23/2019 Date TD: 03/19/2019 Date Casing Set or D&A: 03/20/2019

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 12588 TVD** 7427 Plug Back Total Depth MD 12563 TVD** 7427

Elevations GR 4881 KB 4909 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 | 2,362 | 1,023 | 0 | 2,377 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 12,578 | 1,682 | 558 | 12,588 | 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 | |
| SUSSEX | 4,501 | | NO | NO | |
| SHANNON | 5,074 | | NO | NO | |
| TEEPEE BUTTES | 6,251 | | NO | NO | |
| SHARON SPRINGS | 7,410 | | NO | NO | |
| NIOBRARA | 7,516 | | NO | NO | |
| FORT HAYS | 7,889 | | NO | NO | |
| CODELL | 7,954 | | 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> | | |
| 402075163 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 402075166 | 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> | | |
| 402075154 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402075157 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402075158 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402075159 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402075162 | 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)

