

FORM
5
Rev
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:
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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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)

