

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.

Document Number:
402120415

Date Received:
07/26/2019

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 05-123-48764-00 County: WELD
 Well Name: Bighorn Well Number: 4S-17H-P267
 Location: QtrQtr: SESE Section: 17 Township: 2N Range: 67W Meridian: 6
 Footage at surface: Distance: 923 feet Direction: FSL Distance: 650 feet Direction: FEL
 As Drilled Latitude: 40.133670 As Drilled Longitude: -104.907520

GPS Data:
 Date of Measurement: 06/24/2019 PDOP Reading: 3.5 GPS Instrument Operator's Name: Scott Porter

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FSL Dist.: 0 feet. Direction: FEL
 Sec: 17 Twp: 2N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 2641 feet. Direction: FSL Dist.: 21 feet. Direction: FWL
 Sec: 8 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) 02/04/2019 Date TD: 03/08/2019 Date Casing Set or D&A: 03/10/2019
 Rig Release Date: 06/21/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 15385 TVD** 7346 Plug Back Total Depth MD 15354 TVD** 7346
 Elevations GR 4983 KB 4960 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MUD, MWD/LWD, CBL (IND in 123-11580)

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	0	122	55	0	122	VISU
SURF	13+1/2	9+5/8	40	0	2,415	1,060	0	2,430	VISU
1ST	8+1/2	5+1/2	20	0	15,368	2,073	1,057	15,385	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	4,482		NO	NO	
SHANNON	5,088		NO	NO	
TEEPEE BUTTES	6,553		NO	NO	
SHARON SPRINGS	7,391		NO	NO	
NIOBRARA	7,511		NO	NO	

Comment:

TPZ footages are estimated; well is not completed. Estimated completion Q3 2019.

Open Hole Logging Exception - No open-hole logs were run; Logs used for the Exception was an Induction Log run on the Miller 3-17J well, 123-11580.

Cased-hole Pulsed Neutron Log was run on the Bighorn 4F-2H-D267 well, 123-41192; per BMP on APD; Rule 317.p exception granted for the well.

The gamma tool failed at a depth of 13500 ft MD. This event is also noted in the LAS file.

Cement Bond PDF contains the data from both .las files.

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: Regulator Coordinator Date: 7/26/2019 Email: lindsey.organ@crestonepr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402120453	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402120451	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			
402120439	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402120441	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402120443	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402120446	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402120450	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402122671	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402122672	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402122674	PDF-CEMENT BOND	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)

