

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:

402123372

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) 312-8115

Address: 555 17TH ST STE 3700

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-49131-00

County: WELD

Well Name: Anschutz Coffelt

Well Number: 5-61-35-1724B

Location: QtrQtr: SWNW Section: 35 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 1605 feet Direction: FNL Distance: 320 feet Direction: FWL

As Drilled Latitude: 40.360311 As Drilled Longitude: -104.184359

GPS Data:

Date of Measurement: 01/18/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: Chad Meiers

** If directional footage at Top of Prod. Zone Dist.: 1771 feet. Direction: FNL Dist.: 460 feet. Direction: FWL

Sec: 35 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 1788 feet. Direction: FNL Dist.: 400 feet. Direction: FEL

Sec: 36 Twp: 5N Rng: 61W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/22/2019 Date TD: 05/19/2019 Date Casing Set or D&A: 05/20/2019

Rig Release Date: 05/28/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15908 TVD** 5840 Plug Back Total Depth MD 158471 TVD** 5840

Elevations GR 4492 KB 4508

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

List Electric Logs Run:

GAMMA

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	13+1/2	9+5/8	36	0	977	305	0	977	VISU
1ST	8+3/4	7	23	0	6,171	720	0	6,171	CALC
1ST LINER	6+1/8	4+1/2	11.6	6171	15,901	550	4,328	15,901	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	
SHARON SPRINGS	5,760		NO	NO	
NIOBRARA	5,877		NO	NO	

Comment:

- PBTD is taken from the wet shoe sub set depth
- Please utilize the "Casing" tab for actual depths as sources reference different datums, which result in a different depth.
- Top of cement calculation is based on the Contractor's cement ticket.
- A CBL was not run during drilling operations; however, was run prior to commencement of completion operations, and, is being submitted via Sundry Notice (Doc# 402122792)
- No open-hole logs were run on this well. Per rule 317.p., a Resistivity log was run on the Anschutz Coffelt 5-61-34-0801B well (123-47618-00)
- The BHL was drilled past the setback to 1788' FNL & 400' FEL; however, the deepest BPZ will be within the unit boundary setback at 1785' FNL & 460' FEL of Sec. 36.
- This well is waiting on completions at this time the final form 5 is being submitted. HP will submit the actual TPZ and BPZ footages in the comments section on the form 5A.
- The wellbore beyond the unit boundary setback will be physically isolated and will not be completed.

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>			
402123448	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402123439	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>			
402123420	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402123429	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402123435	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402123438	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)

