

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:

402148357

Date Received:

08/19/2019

## 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: 10133

Contact Name: Amanda Walker

Name of Operator: HILCORP ENERGY COMPANY

Phone: (505) 324.5122

Address: P O BOX 61229

Fax:

City: HOUSTON

State: TX

Zip: 77208

API Number 05-067-09948-00

County: LA PLATA

Well Name: ANDERSON

Well Number: 3-5H

Location: QtrQtr: SESE Section: 5 Township: 32N Range: 6W Meridian: N

Footage at surface: Distance: 155 feet Direction: FSL Distance: 172 feet Direction: FEL

As Drilled Latitude: 37.039400 As Drilled Longitude: -107.515400

## GPS Data:

Date of Measurement: 10/03/2018 PDOP Reading: 0.0 GPS Instrument Operator's Name: David Alexander

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/29/2017 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 757 TVD\*\* Plug Back Total Depth MD TVD\*\*

Elevations GR 6426 KB 6430 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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	12+1/4	9+5/8	36	0	758	425	0	758	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	

Comment:

Hilcorp received a Field Inspection Form noting that the well is still being reported as DG status. After research, it was found that XTO did not file a Form 5 to show that surface casing was set and then operations were suspended. Hilcorp has since refiled the APD's to change the plans, the APD's are currently pending approval.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Amanda Walker

Title: Operation/Regulatory Tech Date: 8/19/2019 Email: mwalker@hilcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
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#### Attachment Checklist

	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

#### Other Attachments

402148357	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

