

FORM
5

Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402143019

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10518 Contact Name: Brittany Rothe
Name of Operator: CONFLUENCE DJ LLC Phone: (303) 994-3064
Address: 1001 17TH STREET #1250 Fax: _____
City: DENVER State: CO Zip: 80202 Email: paul.gottlob@iptenergyservices.com

API Number 05-123-47591-00 County: WELD
Well Name: 70 RANCH Well Number: 10-13-2L
Location: QtrQtr: SESW Section: 3 Township: 4N Range: 63W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 260 feet Direction: FSL Distance: 1311 feet Direction: FWL
As Drilled Latitude: 40.334770 As Drilled Longitude: -104.429140

GPS Data:

Date of Measurement: 08/14/2019 PDOP Reading: 2.1 GPS Instrument Operator's Name: KYLE DALEY
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 470 feet Direction: FNL Dist: 2112 feet Direction: FWL
Sec: 10 Twp: 4N Rng: 63W

** If directional footage at Bottom Hole Dist: 470 feet Direction: FSL Dist: 2151 feet Direction: FWL
Sec: 15 Twp: 4N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/24/2019 Date TD: 06/15/2019 Date Casing Set or D&A: 06/17/2019

Rig Release Date: 08/06/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16451 TVD** 6338 Plug Back Total Depth MD 16389 TVD** 6338

Elevations GR 4599 KB 4620 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, Mud Log, MWD/LWD, RES on API 05-123-46619

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	26	16	43	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,537	505	0	1,537	VISU
1ST	8+1/2	5+1/2	20	0	16,436	1,965	4,375	16,436	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	
PARKMAN	3,371		NO	NO	
SUSSEX	4,043		NO	NO	
SHANNON	4,941		NO	NO	
SHARON SPRINGS	6,240		NO	NO	
NIOBRARA	6,393		NO	NO	

Operator Comments:

Per Form 2 BMP "No open-hole logs were run": RES on API 05-123-46619, 70 RANCH 10-8-2L.

The given TPZ is based upon the planned Top Perf. Depth. The given BHL is the actual BHL but will change if closer than 470' FSL. Actual TPZ & BHL footages will be supplied on the Form 5A Completed Interval Reports.

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

Signed: _____ Print Name: PAUL GOTTLOB

Title: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402150651	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402151694	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			
402145102	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402145103	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402145105	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402151693	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402151695	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402151697	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402160808	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402160810	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)

