

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:

402203725

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: 10311 Contact Name: Christi Ng
Name of Operator: SRC ENERGY INC Phone: (720) 616.4300
Address: 1675 BROADWAY SUITE 2600 Fax: (720) 616.4301
City: DENVER State: CO Zip: 80202 Email: cng@srcenergy.com

API Number 05-123-47667-00 County: WELD
Well Name: Bost Farm Well Number: 32N-11C-L
Location: QtrQtr: SWNW Section: 7 Township: 5N Range: 66W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1495 feet Direction: FNL Distance: 1119 feet Direction: FWL
As Drilled Latitude: 40.417423 As Drilled Longitude: -104.828368

GPS Data:

Date of Measurement: 03/08/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: Ian Carabajal
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 2272 feet Direction: FNL Dist: 150 feet Direction: FEL
Sec: 12 Twp: 5N Rng: 67W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 2297 feet Direction: FNL Dist: 440 feet Direction: FWL
Sec: 11 Twp: 5N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/13/2019 Date TD: 06/17/2019 Date Casing Set or D&A: 06/18/2019

Rig Release Date: 08/24/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17401 TVD** 7001 Plug Back Total Depth MD 17283 TVD** 7002

Elevations GR 4879 KB 4899 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, CBL, MUD, (Resistivity/GR in API: 05-123-47691)

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	55	0	40	38	0	40	VISU
SURF	13+1/2	9+5/8	36	0	1,786	706	0	1,786	VISU
1ST	8+1/2	5+1/2	20	0	17,365	2,317	0	17,273	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	3,677		NO	NO	
SUSSEX	4,385		NO	NO	
SHANNON	4,802		NO	NO	
SHARON SPRINGS	7,003		NO	NO	
NIOBRARA	7,052		NO	NO	

Operator Comments:

Top of productive zone footages are estimated and based on the top possible legal perforation point within the unit. The estimated date of completion of the pad is 1st quarter 2020. The actual top of productive zone footages will be provided in the comments on the Form 5A when the well has been completed. The BHL footages are from the "Projection to Bit" numbers listed on the first page of the directional survey.

An open hole resistivity log was not ran on this well. Open hole resistivity log with gamma ray ran on Bost Farm 26C-8-L (API: 05-123-47691), which shares the same pad.

Surface and production casing setting depths on Surface Cement Job Summary and Production Cement Job Summary are incorrect. Reported depths on casing tab, 1786' is the accurate surface csg setting depth and 17365' is the accurate production csg setting depth. 6 bbl wet shoe.

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

Signed: _____

Print Name: Christi Ng

Title: Sr. Regulatory Analyst

Date: _____

Email: cng@srcenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402215483	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402215480	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>			
402203729	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402203730	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402215482	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402217019	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402217020	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402218015	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402218016	LAS-MWD/LWD	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)

