

FORM
5Rev
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:

402222852

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: 10454 Contact Name: Meghan Grimes
Name of Operator: PETROSHARE CORPORATION Phone: (720) 441-0720
Address: 9635 MAROON CIRCLE #400 Fax: _____
City: ENGLEWOOD State: CO Zip: 80112 Email: mgrimes@petrosharecorp.com

API Number 05-001-10086-00 County: ADAMS
Well Name: Brighton Lakes Well Number: 20-17-1NBH
Location: QtrQtr: SESW Section: 20 Township: 1S Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 400 feet Direction: FSL Distance: 1904 feet Direction: FWL
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data:
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/24/2019 Date TD: 07/24/2019 Date Casing Set or D&A: 07/25/2019
Rig Release Date: 07/28/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 1891 TVD** _____ Plug Back Total Depth MD _____ TVD** _____Elevations GR 5047 KB 14 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	13+1/2	9+5/8	36	0	1,891	333	0	1,891	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	

Operator Comments:

Upon setting and cementing of surface casing as per this Form 5, PetroShare is suspending operations due to the following:

1) Design, ordering and installation of facilities. PetroShare desires to have the pad facilities operational prior to drilling into hydrocarbon bearing intervals. Due to the uncertainty associated with final permit approval from the City of Brighton, PetroShare did not design or order the equipment, of which many components are long lead time items (4 to 6 months). PetroShare is initiating design work and anticipates ordering equipment within the next 2 months and take delivery in the first quarter of 2020

2) Completion fluids. PetroShare has committed to the city of Brighton not to truck water for completion operations but rather utilize piped water to location. As irrigation season will be ending shortly, available irrigation water for completion will not be available until March/April 2020.

PetroShare anticipates the final drilling activities to commence late Q1/early Q2 with final completion to follow immediately thereafter.

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

Signed: _____

Print Name: Meghan GrimesTitle: Regulatory Manager

Date: _____

Email: mgrimes@petrosharecorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402222853	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402222854	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)

