

FORM  
5Rev  
10/14State 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:

402222865

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 05-001-10084-00

County: ADAMS

Well Name: Brighton Lakes

Well Number: 20-17-2CDH

Location: QtrQtr: SESW Section: 20 Township: 1S Range: 66W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 400 feet Direction: FSL Distance: 1980 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:\*\* 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) 07/19/2019 Date TD: 07/19/2019 Date Casing Set or D&amp;A: 07/20/2019

Rig Release Date: 07/28/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1890 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+1/8	9+5/8	36	0	1,890	455	0	1,890	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 Grimes

Title: Regulatory Manager

Date: \_\_\_\_\_

Email: mgrimes@petrosharecorp.com

## Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402222870	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402222871	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**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

