

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>			
402222889	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402222890	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

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

Total: 0 comment(s)

