

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:

402222986

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 05-123-50294-00

County: WELD

Well Name: Judy

Well Number: 3-4

Location: QtrQtr: SWSW

Section: 34

Township: 1N

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 620 feet

Direction: FSL

Distance: 743 feet

Direction: FWL

As Drilled Latitude: 40.002250

As Drilled Longitude: -104.656900

GPS Data:

Date of Measurement: 09/25/2019

PDOP Reading: 1.5

GPS Instrument Operator's Name: ROBERT DALEY

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 484 feet

Direction: FNL

Dist: 603 feet

Direction: FWL

Sec: 3

Twp: 1S

Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 468 feet

Direction: FNL

Dist: 593 feet

Direction: FWL

Sec: 3

Twp: 1S

Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/08/2019

Date TD: 09/11/2019

Date Casing Set or D&A: 09/12/2019

Rig Release Date: 09/13/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7730

TVD** 7608

Plug Back Total Depth MD 7720

TVD** 7608

Elevations GR 5139

KB 5152

Digital Copies of ALL Logs must be Attached per Rule 308A

☒

List Electric Logs Run:

Mud, CBL, Triple Combo

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	12+1/4	8+5/8	24	0	1,546	496	0	1,546	VISU
1ST	7+7/8	4+1/2	11.6	0	7,720	775	2,206	7,720	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	3,317		NO	NO	
SUSSEX	5,102		NO	NO	
SHANNON	5,875		NO	NO	
NIOBRARA	7,162		NO	NO	
FORT HAYS	7,582		NO	NO	
CODELL	7,606		NO	NO	
CARLILE	7,628		NO	NO	

Operator Comments:

Per the Form 2 BMP Alternative Logging Program: Triple Combo was run on this well
MWD Logs were not run.

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 ?			
<u>Attachment Checklist</u>					
402225837	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402223079	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>					
402222991	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402222993	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402222994	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402222996	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402223006	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402225816	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402225818	PDF-MUD	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)

