

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:

402270044

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 05-123-50250-00

County: WELD

Well Name: Bost Farm

Well Number: 12N-11B-L

Location: QtrQtr: NWSW Section: 7 Township: 5N Range: 66W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2666 feet Direction: FSL Distance: 1114 feet Direction: FWL

As Drilled Latitude: 40.414151 As Drilled Longitude: -104.828365

GPS Data:

Date of Measurement: 07/10/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: Alan Hnizdo
FNL/FSL FEL/FWL** If directional footage at Top of Prod. Zone Dist: 1849 feet Direction: FSL Dist: 151 feet Direction: FEL
Sec: 12 Twp: 5N Rng: 67W** If directional footage at Bottom Hole Dist: 1797 feet Direction: FNL Dist: 94 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) 07/19/2019 Date TD: 09/18/2019 Date Casing Set or D&A: 09/20/2019

Rig Release Date: 11/05/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17684 TVD** 6937 Plug Back Total Depth MD 17558 TVD** 6939

Elevations GR 4874 KB 4894

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

List Electric Logs Run:

MWD/LWD, CBL, MUD, (Resistivity/GR in API: 05-123-50256 & 05-123-50255)

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	1,799	655	0	1,799	VISU
1ST	8+1/2	5+1/2	20	0	17,643	2,342	0	17,553	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	3,711		NO	NO	
SUSSEX	4,241		NO	NO	
SHANNON	4,831		NO	NO	
SHARON SPRINGS	7,107		NO	NO	
NIOBRARA	7,183		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 end of 1st into 2nd 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 "ABHL" numbers listed on directional survey attachment.

An open hole resistivity log was not ran on this well. Open hole resistivity logs with gamma ray ran on Bost Farm 32C-11-L2 (API: 05-123-47691) and Bost Farm 33C-11-L (API: 05-123-50255), which share 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 have been verified. 1799' is the accurate surface csg setting depth and 17643' 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 NgTitle: Sr. Regulatory Analyst

Date: _____

Email: cng@srcenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402270067	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402270063	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>		
402270045	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402270046	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402270050	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402270052	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402270057	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402270059	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402270072	DIRECTIONAL DATA	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)

