

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:

402270252

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 05-123-50260-00

County: WELD

Well Name: Bost Farm

Well Number: 34N-11C-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: 1254 feet Direction: FWL

As Drilled Latitude: 40.414148 As Drilled Longitude: -104.827863

GPS Data:

Date of Measurement: 07/10/2019 PDOP Reading: 1.3 GPS Instrument Operator's Name: Alan Hnizdo
FNL/FSL FEL/FWL** If directional footage at Top of Prod. Zone Dist: 341 feet Direction: FSL Dist: 141 feet Direction: FEL
Sec: 12 Twp: 5N Rng: 67W** If directional footage at Bottom Hole Dist: 275 feet Direction: FSL Dist: 390 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) 07/25/2019 Date TD: 10/22/2019 Date Casing Set or D&A: 10/24/2019

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 17880 TVD** 6979 Plug Back Total Depth MD 17758 TVD** 6980

Elevations GR 4873 KB 4893

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	1,819	690	0	1,819	VISU
1ST	8+1/2	5+1/2	20	0	17,845	2,372	0	17,756	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	3,876		NO	NO	
SUSSEX	4,430		NO	NO	
SHANNON	5,505		NO	NO	
SHARON SPRINGS	7,502		NO	NO	
NIOBRARA	7,567		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 the last page of the 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. 1819' is the accurate surface csg setting depth and 17845' 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>			
402270268	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402276300	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>			
402270256	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402270257	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402270264	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402270265	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402276302	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402276909	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402276910	LAS-MWD/LWD	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)

