

FORM
5

Rev
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:

402189393

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: 10071 Contact Name: Bill Ramsey
Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (303) 312-8131
Address: 555 17TH ST STE 3700 Fax: _____
City: DENVER State: CO Zip: 80202 Email: bramsey@hpres.com

API Number 05-123-46847-00 County: WELD
Well Name: RSU Anschutz Fed Well Number: 4-62-11-1609CN
Location: QtrQtr: SESE Section: 3 Township: 4N Range: 62W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 253 feet Direction: FSL Distance: 714 feet Direction: FEL
As Drilled Latitude: 40.334905 As Drilled Longitude: -104.304653

GPS Data:
Date of Measurement: 05/29/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: James Freshwater
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 743 feet Direction: FNL Dist: 246 feet Direction: FWL
Sec: 11 Twp: 4N Rng: 62W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 714 feet Direction: FNL Dist: 127 feet Direction: FEL
Sec: 12 Twp: 4N Rng: 62W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: CO1021 9

Spud Date: (when the 1st bit hit the dirt) 06/04/2018 Date TD: 09/18/2018 Date Casing Set or D&A: 09/19/2018
Rig Release Date: 10/09/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16770 TVD** 6054 Plug Back Total Depth MD 16714 TVD** 6053
Elevations GR 4522 KB 4545 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
MWD/LWD, CBL, [RES IN API 05-123-46857]

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	20	16	65	0	80				VISU
SURF	13+1/2	9+5/8	36	0	832	238	0	832	VISU
1ST	8+3/4	7	23	0	6,543	660	0	6,543	CBL
2ND	6+1/8	4+1/2	13.5/11.6	0	16,763	775	4,158	16,763	CALC

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	3,380	3,820	NO	NO	
SUSSEX	3,945	4,217	NO	NO	
SHANNON	4,348	4,815	NO	NO	
SHARON SPRINGS	5,975		NO	NO	
NIOBRARA	6,189		NO	NO	

Operator Comments:

Please utilize the "Casing" tab for actual depths as sources reference different datums, which result in a different depth.

No openhole log was run on this well; however, Per rule 317.p., a resistivity log was run on RSU Ans Fed 4-62-2-4841CS (API# 05-123-46857).

GPS Measurement was taken prior to conductor casing spud date.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Bill Ramsey

Title: Regulatory Analyst

Date: _____

Email: bramsey@hpres.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402189414	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402189413	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>			
402189402	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402189403	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402189404	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402189405	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402189409	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402189412	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft 12/30/2019 for corrections to the form and attachments	12/30/2019
Permit	Conductor casing noted on surface cement ticket - not on casing tab Missing GPS date conductor casing comment if conductor was set Missing Sussex top Missing directional survey plots CBL LAS has no name or API and is formatted incorrectly - delete? Well was not drilled past unit setback - comment not needed	12/09/2019
Permit	This form was submitted as a replacement to the original form 5 - doc 402009781	09/30/2019

Total: 3 comment(s)

