

FORM
5

Rev
02/20

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:

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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: 10633 Contact Name: Logan Siple
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 579-2174
Address: 1801 CALIFORNIA STREET #2500 Fax: _____
City: DENVER State: CO Zip: 80202 Email: logan.siple@crestonepr.com

API Number 05-123-47985-00 County: WELD
Well Name: Lochbuie Land Well Number: 2F-25H-D166
Location: QtrQtr: NWNW Section: 25 Township: 1N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 948 feet Direction: FNL Distance: 297 feet Direction: FWL
As Drilled Latitude: 40.026930 As Drilled Longitude: -104.733900
GPS Data: GPS Quality Value: 5.9 Type of GPS Quality Value: PDOP Date of Measurement: 02/22/2019
GPS Instrument Operator's Name: Brent Hill
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 1075 feet Direction: FNL Dist: 460 feet Direction: FWL
Sec: 25 Twp: 1N Rng: 66W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 1083 feet Direction: FNL Dist: 464 feet Direction: FEL
Sec: 25 Twp: 1N Rng: 66W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/19/2018 Date TD: 02/03/2020 Date Casing Set or D&A: 02/05/2020
Rig Release Date: 02/23/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 12101 TVD** 7567 Plug Back Total Depth MD 12079 TVD** 7567

Elevations GR 5077 KB 5100 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

Surface CBL, MWD/LWD, CBL

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	24	16	42	0	121	78	0	121	VISU
SURF	13+1/2	9+5/8	40	0	2,374	997	0	2,374	CBL
1ST	8+1/2	5+1/2	20	0	12,091	1,435	2,302	12,101	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	
SUSSEX	4,748		NO	NO	
SHARON SPRINGS	7,219		NO	NO	
NIOBRARA	7,231		NO	NO	
FORT HAYS	7,797		NO	NO	
CODELL	7,910		NO	NO	
CARLILE	8,263		NO	NO	

Operator Comments:

TPZ footages are estimated; well is not completed. Estimated completion Q3 2020.

No Open Hole Logs Were Run on this well.

Open Hole Log was run on the Lochbuie Land 2J-25H-D166 well, 123-47992; per BMP on APD;

GPS locations were taken on surface casing.

Surface Cement Report and Surface CBL Attached to the Preliminary Form 5 Referenced in the Related Forms

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

Signed: _____

Print Name: Lindsey OrganTitle: Regulatory Coordinator

Date: _____

Email: lindsey.organ@crestonepr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402380509	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402380506	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"/>
Other Attachments			
402380495	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380496	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380498	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380503	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402380505	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)

