

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:

402380753

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 05-123-47986-00 County: WELD
Well Name: Lochbuie Land Well Number: 2E-25H-D166
Location: QtrQtr: NWNW Section: 25 Township: 1N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 938 feet Direction: FNL Distance: 297 feet Direction: FWL
As Drilled Latitude: 40.026960 As Drilled Longitude: -104.733900
GPS Data: GPS Quality Value: 5.3 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: 0 feet Direction: FNL Dist: 0 feet Direction: FWL
Sec: 25 Twp: 1N Rng: 66W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 0 feet Direction: FNL Dist: 0 feet Direction: FWL
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) 12/21/2018 Date TD: 12/21/2018 Date Casing Set or D&A: 12/21/2018
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 2382 TVD** 2379 Plug Back Total Depth MD 2340 TVD** 2337

Elevations GR 5077 KB 5090 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

Surface 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	2,368	995	0	2,382	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	

Operator Comments:

Production Section on well was not drilled.
 No producing formations were drilled.
 KB Elevation is for the Surface Rig.
 No Directional Data available for TPZ or Bottomhole Locations; Final Directional Survey attached.
 CBL and Surface Cement Job Summary were attached in the Preliminary Form 5 referred to in the related forms tab.

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

Signed: _____ Print Name: Lindsey Organ

Title: Regulatory Coordinator Date: _____ Email: lindsey.organ@crestonepr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402380771	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402380770	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)

