

FORM
5Rev
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:

402092387

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: Allie Ryan

Name of Operator: HIGHPOINT OPERATING CORPORATION

Phone: (303) 312-8153

Address: 555 17TH ST STE 3700

Fax:

City: DENVER State: CO Zip: 80202

Email: arian@hpres.com

API Number 05-123-49226-00

County: WELD

Well Name: Anschutz Equus Farms

Well Number: 5-61-35-3340B

Location: QtrQtr: NESE Section: 34 Township: 5N Range: 61W Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1686 feet Direction: FSL Distance: 329 feet Direction: FEL

As Drilled Latitude: 40.354730 As Drilled Longitude: -104.186714

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 01/18/2019

GPS Instrument Operator's Name: CHAD MEIERS

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 2327 feet Direction: FSL Dist: 508 feet Direction: FWL

Sec: 35 Twp: 5N Rng: 61W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 2332 feet Direction: FSL Dist: 402 feet Direction: FEL

Sec: 36 Twp: 5N Rng: 61W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/19/2019 Date TD: 05/06/2019 Date Casing Set or D&A: 05/07/2019

Rig Release Date: 05/08/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15968 TVD** 5815 Plug Back Total Depth MD 15907 TVD** 5817

Elevations GR 4480 KB 4496

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

List Electric Logs Run:

MWD/LWD, CBL, RES in [123-48186-00]

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	84	0	80				
SURF	13+1/2	9+5/8	36	0	1,011	315	0	1,011	VISU
1ST	8+3/4	7	23	0	6,228	745	0	6,228	CALC
2ND	6+1/8	4+1/2	11.6	0	15,961	545	4,471	15,961	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	3,168	3,493	NO	NO	
SUSSEX	3,900	4,260	NO	NO	
SHANNON	4,383	4,644	NO	NO	
SHARON SPRINGS	5,706		NO	NO	
NIOBRARA	5,963		NO	NO	

Operator Comments:

- PBTD is taken from the wet shoe sub set depth
- Please utilize the "Casing" tab for actual depths as sources reference different datums, which result in a different depth.
- Top of cement calculation is based on the Contractor's cement ticket.
- No open-hole logs were run on this well. Per rule 317.p., a Resistivity log was run on the Anschutz Equus Farms Fed 5-61-34-5764B well (123-48186-00).

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

Signed: _____

Print Name: Allie Ryan

Title: Regulatory Analyst

Date: _____

Email: aryan@hpres.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402092526	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402092462	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>			
402092458	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402092542	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402092544	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402092547	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402402848	PDF-CEMENT BOND	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 - 5/19/2020 -Operator request to make corrections	05/19/2020

Total: 1 comment(s)

