

FORM  
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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:

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: <u>10071</u>	Contact Name: <u>Allie Ryan</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 312-8153</u>
Address: <u>555 17TH ST STE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>aryan@hpres.com</u>

API Number <u>05-123-49226-00</u>	County: <u>WELD</u>
Well Name: <u>Anschutz Equus Farms</u>	Well Number: <u>5-61-35-3340B</u>
Location: QtrQtr: <u>NESE</u> Section: <u>34</u> Township: <u>5N</u> Range: <u>61W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>1686</u> feet Direction: <u>FSL</u> Distance: <u>329</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.354730</u> As Drilled Longitude: <u>-104.186714</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>01/18/2019</u>	
GPS Instrument Operator's Name: <u>CHAD MEIERS</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>2327</u> feet Direction: <u>FSL</u> Dist: <u>508</u> feet Direction: <u>FWL</u>	
Sec: <u>35</u> Twp: <u>5N</u> Rng: <u>61W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>2332</u> feet Direction: <u>FSL</u> Dist: <u>402</u> feet Direction: <u>FEL</u>	
Sec: <u>36</u> Twp: <u>5N</u> Rng: <u>61W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
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 <u>15968</u> TVD** <u>5815</u> Plug Back Total Depth MD <u>15907</u> TVD** <u>5817</u>
Elevations GR <u>4480</u> KB <u>4496</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

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:

- PBSD 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)

