

**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:

402379560

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 05-123-50650-00

County: WELD

Well Name: Siebring

Well Number: 63-32-0801BS

Location: QtrQtr: SENE Section: 32 Township: 5N Range: 63W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2414 feet Direction: FNL Distance: 244 feet Direction: FEL

As Drilled Latitude: 40.356643 As Drilled Longitude: -104.451297

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 01/23/2020

GPS Instrument Operator's Name: Matthew Miller

FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 490 feet Direction: FNL Dist: 500 feet Direction: FEL
Sec: 32 Twp: 5N Rng: 63W** If directional footage at Bottom Hole Dist: 485 feet Direction: FNL Dist: 440 feet Direction: FWL
Sec: 32 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/05/2020 Date TD: 02/15/2020 Date Casing Set or D&A: 03/16/2020

Rig Release Date: 03/20/3030 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11286 TVD** 6363 Plug Back Total Depth MD 11273 TVD** 6363

Elevations GR 4586 KB 4584

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

List Electric Logs Run:

MWD/LWD, CBL, RES in [05-123-50646]

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	1,575	439	0	1,577	VISU
2ND	6+1/8	4+1/2	11.6	0	11,286	525	3,500	11,286	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	3,449	3,852	NO	NO	
SUSSEX	4,189	4,458	NO	NO	
SHANNON	4,825	5,039	NO	NO	
SHARON SPRINGS	6,462		NO	NO	
NIOBRARA	6,713		NO	NO	

Operator Comments:

No openhole log was run on this well, however per Rule 317.p., a resistivity log was run on Siebring 32-63-4040B (05-123-50646) GPS measurement was taken prior to spud on conductor casing
A CBL was not run during drilling operations; however, one will be run on this well upon commencement of completion operations and will be submitted via Sundry Notice after it is run
This well is waiting on completions at the time the final form 5 is being submitted. HP will submit the actual TPZ and BPZ footages in the comments section on the form 5A.
The BHL was drilled past the setback to ' FNL & ' FWL; however, the deepest BPZ will be within the unit boundary setback at 460' FNL & 460' FWL, sec. 32.
The wellbore beyond the unit boundary setback will be physically isolated and will not be completed.

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

Signed: _____

Print Name: Allie RyanTitle: Regulatory Analyst

Date: _____

Email: aryan@hpres.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402402165	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402402199	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>			
402379616	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402379618	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402402278	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402406794	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 - 5/26/2020 -Operator request to add CBL to form	05/26/2020

Total: 1 comment(s)

