

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: <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>05-123-50650-00</u>  | County: <u>WELD</u>                                |
| Well Name: <u>Siebring</u>   | Well Number: <u>63-32-0801BS</u>                   |
| Location: QtrQtr: <u>SENE</u> Section: <u>32</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>                              |  |
|  | FNL/FSL <span style="float: right;">FEL/FWL</span> |
| Footage at surface: Distance: <u>2414</u> feet Direction: <u>FNL</u> Distance: <u>244</u> feet Direction: <u>FEL</u>                   |  |
| As Drilled Latitude: <u>40.356643</u> As Drilled Longitude: <u>-104.451297</u>   |  |
| GPS Data: GPS Quality Value: <u>1.5</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>01/23/2020</u>                  |  |
| GPS Instrument Operator's Name: <u>Matthew Miller</u>  | FNL/FSL <span style="float: right;">FEL/FWL</span> |
| ** If directional footage at Top of Prod. Zone Dist: <u>490</u> feet Direction: <u>FNL</u> Dist: <u>500</u> feet Direction: <u>FEL</u> |  |
| Sec: <u>32</u> Twp: <u>5N</u> Rng: <u>63W</u>  | FNL/FSL <span style="float: right;">FEL/FWL</span> |
| ** If directional footage at Bottom Hole Dist: <u>485</u> feet Direction: <u>FNL</u> Dist: <u>440</u> feet Direction: <u>FWL</u>       |  |
| Sec: <u>32</u> Twp: <u>5N</u> Rng: <u>63W</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) 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 Ryan

Title: 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<br>-Operator request to add CBL to form | 05/26/2020          |

Total: 1 comment(s)

