

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:

402414835

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 05-123-49792-00

County: WELD

Well Name: Herbers

Well Number: 1F-20H-B167

Location: QtrQtr: NWNE Section: 20 Township: 1N Range: 67W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 830 feet Direction: FNL Distance: 2332 feet Direction: FEL

As Drilled Latitude: 40.041520 As Drilled Longitude: -104.913370

GPS Data: GPS Quality Value: 1.0 Type of GPS Quality Value: PDOP Date of Measurement: 09/24/2019

GPS Instrument Operator's Name: Scott Porter

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1222 feet Direction: FEL
Sec: 20 Twp: 1N Rng: 67W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 2186 feet Direction: FNL Dist: 1220 feet Direction: FEL
Sec: 29 Twp: 1N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/17/2019 Date TD: 03/23/2020 Date Casing Set or D&A: 03/25/2020

Rig Release Date: 04/08/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15122 TVD** 7617 Plug Back Total Depth MD 15092 TVD** 7617

Elevations GR 5107 KB 5130

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

List Electric Logs Run:

MUD, MWD/LWD (IND in 123-19695)

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 | 122 | 81 | 0 | 122 | VISU |
| SURF | 13+1/2 | 9+5/8 | 40 | 0 | 2,532 | 985 | 0 | 2,532 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 15,107 | 1,955 | 3,000 | 15,122 | 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 | |
| SUSSEX | 4,758 | | NO | NO | |
| SHANNON | 5,417 | | NO | NO | |
| SHARON SPRINGS | 7,649 | | NO | NO | |
| NIOBRARA | 7,689 | | NO | NO | |

Operator Comments:

TPZ footages are estimated; well is not completed. Estimated completion Q4 2020.

Open Hole Logging Exception - No open-hole logs were run; Log used for the Exception was an Induction Log run on the Herbers 31-20, 123-19695

Rule 317.p exception granted for the well.

No CBL or Cased Hole Log (if required) run or attached per Rule 502.b Variance for Rule 308A log submittal requirements. Please see approved variance (Doc #402383496)

GPS locations were taken on preset conductors.

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> | | |
| 402414843 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 402414841 | 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> | | |
| 402414836 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402414837 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402414838 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402414839 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402414840 | 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)

