

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:

402414845

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 05-123-49790-00 County: WELD
Well Name: Herbers Well Number: 1G-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: 2322 feet Direction: FEL
As Drilled Latitude: 40.041520 As Drilled Longitude: -104.913330
GPS Data: GPS Quality Value: 5.5 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: 1112 feet Direction: FEL
Sec: 20 Twp: 1N Rng: 67W FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2166 feet Direction: FNL Dist: 1117 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) 10/18/2019 Date TD: 04/05/2020 Date Casing Set or D&A: 04/07/2020
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 15337 TVD** 7853 Plug Back Total Depth MD 15300 TVD** 7853

Elevations GR 5108 KB 5131 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	2,561	970	0	2,561	VISU
1ST	8+1/2	5+1/2	20	0	15,315	1,978	3,000	15,337	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	4,746		NO	NO	
SHANNON	5,395		NO	NO	
SHARON SPRINGS	7,599		NO	NO	
NIOBRARA	7,622		NO	NO	
FORT HAYS	8,327		NO	NO	
CODELL	8,683		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 ?	
Attachment Checklist			
402414853	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402414851	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"/>
Other Attachments			
402414846	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402414847	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402414848	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402414849	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402414850	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)

