

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:

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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: 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 05-123-48293-00 County: WELD
 Well Name: Dream Weaver North Well Number: 3D-21H-N268
 Location: QtrQtr: SESW Section: 21 Township: 2N Range: 68W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 1127 feet Direction: FSL Distance: 1798 feet Direction: FWL
 As Drilled Latitude: 40.119980 As Drilled Longitude: -105.011290
 GPS Data: GPS Quality Value: 3.1 Type of GPS Quality Value: PDOP Date of Measurement: 08/09/2019
 GPS Instrument Operator's Name: Josh Shirley
 FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Top of Prod. Zone Dist: 0 feet Direction: FNL Dist: 0 feet Direction: FEL
 Sec: 21 Twp: 2N Rng: 68W
 FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Bottom Hole Dist: 925 feet Direction: FSL Dist: 1584 feet Direction: FWL
 Sec: 21 Twp: 2N Rng: 68W
 Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/16/2019 Date TD: 08/17/2019 Date Casing Set or D&A: 08/17/2019
Rig Release Date: 09/06/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 2235 TVD** 2206 Plug Back Total Depth MD 2179 TVD** 2151
 Elevations GR 4901 KB 4914 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
(IND in 123-20125)

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 | 112 | 95 | 0 | 112 | VISU |
| SURF | 13+1/2 | 9+5/8 | 40 | 0 | 2,220 | 883 | 0 | 2,235 | VISU |

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 | |
| | | | | | |

Operator Comments:

Production Section on Well was not drilled.
 No producing formations were drilled.
 KB Elevation is for the Surface Rig.
 No Directional Data Available for TPZ. Final Directional Survey attached.

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> | | | |
| 402205207 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402205205 | 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 402205208 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

