

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:

402241650

Date Received:

05/20/2020

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>Bill Ramsey</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 312-8131</u>
Address: <u>555 17TH ST STE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bramsey@hpres.com</u>

API Number <u>05-123-49227-00</u>	County: <u>WELD</u>
Well Name: <u>Anschutz Equus Farms</u>	Well Number: <u>5-61-35-4956B</u>
Location: QtrQtr: <u>NESE</u> Section: <u>34</u> Township: <u>5N</u> Range: <u>61W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1686</u> feet Direction: <u>FSL</u> Distance: <u>360</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.354728</u> As Drilled Longitude: <u>-104.186822</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>01/18/2019</u>	
GPS Instrument Operator's Name: <u>Chead Meiers</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>1103</u> feet Direction: <u>FSL</u> Dist: <u>460</u> feet Direction: <u>FWL</u>	
Sec: <u>35</u> Twp: <u>5N</u> Rng: <u>61W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>1116</u> feet Direction: <u>FSL</u> Dist: <u>403</u> feet Direction: <u>FEL</u>	
Sec: <u>36</u> Twp: <u>5N</u> Rng: <u>61W</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) 10/11/2019 Date TD: 10/25/2019 Date Casing Set or D&A: 10/26/2019
Rig Release Date: 10/27/2019 Per Rule 308A.b.

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

Total Depth MD <u>15902</u> TVD** <u>5838</u> Plug Back Total Depth MD <u>15882</u> TVD** <u>5838</u>
Elevations GR <u>4480</u> KB <u>4496</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:
MWD/LWD, CBL, (RES on 123-48186).

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		0	80	VISU
SURF	13+1/2	9+5/8	36	0	993	391	0	993	VISU
1ST	8+3/4	7	23	0	6,166	280	130	6,166	CALC
2ND	6+1/8	4+1/2	11.6	0	15,899	820	3,260	15,902	CBL

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	3,141		NO	NO	
SUSSEX	3,875		NO	NO	
SHANNON	4,228		NO	NO	
SHARON SPRINGS	5,643		NO	NO	
NIOBRARA	5,880		NO	NO	

Operator Comments:

- Alternative Logging Program: No open-hole logs were run on this well per Rule 317.p. A Resistivity log was run on the Anschutz Equus Farms Fed 5-61-34-5764B (123-48186).
- GPS measurement was taken on conductor casing, prior to spud.
- This well has a bottom-hole location beyond the unit boundary setback. The bottom of the completed interval will be within the unit boundary. 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: Bill Ramsey

Title: Regulatory Analyst Date: 5/20/2020 Email: bramsey@hpres.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402242592	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402248279	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402250920	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402245810	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>			
402241650	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402242586	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402242587	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402245809	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402268602	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>
Engineering Tech	Corrected conductor casing cement info and status Corrected first string status to Calc attached CBL was ran on second string Corrected second string TOC per attached CBL Passed engineering review	02/09/2021
Permit	• TPZ footages estimated; BHL footages verified.	01/26/2021
Permit	Returned to draft - 5/19/2020 -Operator request to make corrections	05/19/2020

Total: 3 comment(s)

