

FORM
5Rev
12/20

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:

402704050

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: 10454

Contact Name: Meghan Grimes

Name of Operator: PETROSHARE CORPORATION

Phone: (720) 441-0720

Address: 9635 MAROON CIRCLE #400

Fax:

City: ENGLEWOOD

State: CO

Zip: 80112

Email: mgrimes@providence-energy.com

API Number 05-001-10084-00

County: ADAMS

Well Name: Brighton Lakes

Well Number: 20-17-2CDH

Location: QtrQtr: SESW Section: 20 Township: 1S Range: 66W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 400 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 39.944420 As Drilled Longitude: -104.801760

GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 11/09/2020

** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FSL Dist: 496 feet Direction: FEL
Sec: 20 Twp: 1S Rng: 66W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 394 feet Direction: FNL Dist: 516 feet Direction: FEL
Sec: 17 Twp: 1S Rng: 66W
FNL/FSL FEL/FWL

Field Name: DJ HORIZONTAL CODELL

Field Number: 16948

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/19/2019 Date TD: 12/09/2020 Date Casing Set or D&A: 12/10/2020

Rig Release Date: 12/13/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 18430 TVD** 7703 Plug Back Total Depth MD 18355 TVD** 7703

Elevations GR 5047 KB 5070

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

CBL, Mud, MWD

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 0 Fresh Water (bbls): 392

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
SURF	13+1/2	9+5/8	J-55	36	0	1890	455	1890	0	VISU
1ST	8+3/4	5+1/2	HCP-110	17	0	18172	2480	18418	0	CBL

Bradenhead Pressure Action Threshold 567 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	
FORT HAYS	8,683	9,575	NO	NO	
CODELL	11,640	18,430	NO	NO	

Operator Comments:

he Brighton Lakes 20-17 1CHD, API No. 05-001-10127, and was logged with an Open Hole Resistivity Log and Gamma Ray Log from the kick-off point to into the surface casing.

This well has a bottom-hole location beyond the unit boundary setback. The bottom of the completed interval is unit boundary setback at 469' FNL and 515' FEL of Sec. 17 T1S R66W. The wellbore beyond the unit boundary setback was physically isolated and was not completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Andrea GrossTitle: Permit Agent Date: _____ Email: agross@upstreampm.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402707269	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402707272	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>		
402707259	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402707263	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402707264	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402707265	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402707267	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402707329	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)