

FORM
5
Rev
12/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:
402706463

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 05-001-10085-00 County: ADAMS
Well Name: Brighton Lakes Well Number: 20-17-2NBH
Location: QtrQtr: SESW Section: 20 Township: 1S Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 400 feet Direction: FSL Distance: 1934 feet Direction: FWL
As Drilled Latitude: 39.944420 As Drilled Longitude: -104.801930
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 10/28/2020
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FSL Dist: 1238 feet Direction: FEL
Sec: 20 Twp: 1S Rng: 66W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 391 feet Direction: FNL Dist: 1229 feet Direction: FEL
Sec: 17 Twp: 1S Rng: 66W
Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/25/2019 Date TD: 12/01/2020 Date Casing Set or D&A: 12/03/2020
Rig Release Date: 12/03/2020 Per Rule 308A.b.

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

Total Depth MD 18183 TVD** 7690 Plug Back Total Depth MD 18109 TVD** 7690
Elevations GR 5047 KB 5060 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): 148
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	13+1/2	9+5/8	J55	36	0	1872	455	1872	0	VISU
1ST	8+3/4	5+1/2	HCP110	20	0	18173	2450	18173	0	CBL

Bradenhead Pressure Action Threshold 562 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: 12/03/2020

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	
SHARON SPRINGS	7,628	7,673	NO	NO	
NIOBRARA	7,673	7,354	NO	NO	
FORT HAYS	8,354	8,463	NO	NO	
CODELL	8,643		NO	NO	

Operator Comments:

The 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 465' FNL and 1,229' 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 Gross

Title: Permit Agent

Date: _____

Email: agross@upstreampm.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402707484	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402707489	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			
402707428	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402707465	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402707474	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402707477	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402707479	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402707503	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)