

FORM
5

Rev
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:

402670231

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 05-001-10127-00 County: ADAMS
Well Name: Brighton Lakes Well Number: 20-17 1CDH
Location: QtrQtr: SESW Section: 20 Township: 1S Range: 66W Meridian: 6
Footage at surface: Distance: 400 feet Direction: FSL Distance: 1874 feet Direction: FWL
As Drilled Latitude: 39.944420 As Drilled Longitude: -104.802140
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 03/18/2021
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FSL Dist: 2136 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 447 feet Direction: FNL Dist: 2152 feet Direction: FEL
Field Name: DJ HORIZONTAL CODELL Field Number: 16948
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/26/2019 Date TD: 07/26/2019 Date Casing Set or D&A: 07/26/2019
Rig Release Date: 07/29/2019 Per Rule 308A.b.

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

Total Depth MD 17927 TVD** 7707 Plug Back Total Depth MD 17884 TVD** 7707
Elevations GR 5047 KB 5070 Digital Copies of ALL Logs must be Attached

List All Logs Run:
Resistivity (with open hole logs), CBL, Mud

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): 155
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	J-55	36	0	1877	455	1877	0	VISU
1ST	8+1/2	5+1/2	HCP 110	20	0	17947	2325	17947	0	CBL

Bradenhead Pressure Action Threshold 563 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	
SHARON SPRINGS	7,484		NO	NO	
NIOBRARA	7,512		NO	NO	
FORT HAYS	8,133		NO	NO	
CODELL	8,211		NO	NO	
CARLILE	8,252		NO	NO	

Operator Comments:

Please delete attachment 402703532, 402703528, 402703526 and 402703527.

This well has a bottom-hole location beyond the unit boundary setback. The bottom of the completed interval is within the unit boundary setback at 490' FSL 2152' fel of Section 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 Gross

Date: _____

Email: agross@upstreampm.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402703532	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402713216	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>			
402703526	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402703527	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402703528	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402703529	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402713362	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402713365	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402716815	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402718034	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Missing mudlog, need to edit drilling tab depths.	06/09/2021
Permit	LAS and PDF of CBL for wrong well. Mudlog for wrong well. Missing cement job for surface casing. Docnum: 402703532 is frac summary. Missing directional survey. Returned to draft.	06/07/2021

Total: 2 comment(s)