

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:

401990800

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: 10071 Contact Name: Gabriel Findlay
Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (720) 440-6163
Address: 555 17TH ST STE 3700 Fax:
City: DENVER State: CO Zip: 80202 Email: gfindlay@bonanzacrk.com

API Number 05-123-48432-00 County: WELD
Well Name: RSU Anschutz Fed Well Number: 4-62-14-3225C
Location: QtrQtr: SENE Section: 15 Township: 4N Range: 62W Meridian: 6
Footage at surface: Distance: 2023 feet Direction: FNL Distance: 312 feet Direction: FEL
As Drilled Latitude: 40.314231 As Drilled Longitude: -104.302992
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/21/2018
GPS Instrument Operator's Name: James Freshwater
** If directional footage at Top of Prod. Zone Dist: 2395 feet Direction: FNL Dist: 266 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 2288 feet Direction: FNL Dist: 124 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: COC74190

Spud Date: (when the 1st bit hit the dirt) 11/28/2018 Date TD: 12/08/2018 Date Casing Set or D&A: 12/10/2018
Rig Release Date: 01/05/2019 Per Rule 308A.b.

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

Total Depth MD 16704 TVD** 6036 Plug Back Total Depth MD 16643 TVD** 6036
Elevations GR 4512 KB 4528 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD, Resistivity

Empty box for additional notes or comments.

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	84	0	103	60	0	103	VISU
SURF	13+1/2	9+5/8	36	0	865	310	0	865	VISU
1ST	8+3/4	7	23	0	6,510	780	2,666	6,510	CBL
1ST LINER	6+1/8	4+1/2	11.6	5250	16,700	575	5,250	16,700	CALC

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	3,254		NO	NO	
SUSSEX	3,937		NO	NO	
SHANNON	4,293		NO	NO	
SHARON SPRINGS	5,946		NO	NO	
NIOBRARA	6,012		NO	NO	

Operator Comments:

PBTD is taken from the wet shoe sub.
 The TPZ is actual.
 As-Drilled GPS data was taken when conductor was set.
 The BHL location was drilled past the 200' setback, however the actual BPZ is reported on the Form 5A.
 Resistivity log was ran on this well. Approved APD had BMP requiring one well on this pad to be logged with open hole resistivity log with gamma ray.

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

Signed: _____ Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst Date: _____ Email: Regulatory@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401990858	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401997788	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>			
401990837	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401990839	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401990841	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401990845	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401990885	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401997850	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402791274	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402791287	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402791289	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402791300	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402791301	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402791309	LAS-RESISTIVITY	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)