

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:
402350877
Date Received:
09/29/2021

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: Kate Miller
Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (720) 440-6116
Address: 555 17TH ST STE 3700 Fax: _____
City: DENVER State: CO Zip: 80202 Email: kmiller@bonanzacrk.com

API Number 05-123-50369-00 County: WELD
Well Name: FOX CREEK Well Number: 25-6005D
Location: QtrQtr: SWSE Section: 25 Township: 12N Range: 63W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 931 feet Direction: FSL Distance: 1485 feet Direction: FEL
As Drilled Latitude: 40.975923 As Drilled Longitude: -104.377022
GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 02/02/2020
GPS Instrument Operator's Name: Chad Meiers FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____ FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
Field Name: HEREFORD Field Number: 34200
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/29/2020 Date TD: 01/29/2020 Date Casing Set or D&A: 01/29/2020
Rig Release Date: 02/01/2020 Per Rule 308A.b.

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

Total Depth MD 1530 TVD** _____ Plug Back Total Depth MD 1530 TVD** _____
Elevations GR 5399 KB 5416 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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+1/2	85	0	97	78	0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,525	480	0	1,525	VISU

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	

Operator Comments:

The reason for suspension of drilling operations was due to economics. Operator did not have capital budget to drill remainder of later. Directional surveys were not done at the time of drill outs, and operation summary has been attached. A Final directional survey will be run for the surface casing of the well prior to drilling and completing the remainder of the well. Operations to drill/complete are planned for 4th Quarter 2022.

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: 9/29/2021 Email: regulatory@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402825830	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
402350877	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402826934	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting • Missing Directional Survey and Directional Data; required per Rules 410.b, 414.a, and 414.b.(2).E. • Added PBTD.	10/20/2021

Total: 1 comment(s)