

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:

402235899

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: 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: regulatory@bonanzacr.com

API Number 05-123-50080-00 County: WELD
Well Name: RSU Anschutz Fed Well Number: 4-61-5-2528C
Location: QtrQtr: SWNW Section: 4 Township: 4N Range: 61W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1491 feet Direction: FNL Distance: 385 feet Direction: FWL
As Drilled Latitude: 40.345886 As Drilled Longitude: -104.224231
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 05/24/2019
GPS Instrument Operator's Name: Ryan Williams FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 2401 feet Direction: FNL Dist: 331 feet Direction: FEL
Sec: 5 Twp: 4N Rng: 61W FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 2434 feet Direction: FNL Dist: 2580 feet Direction: FEL
Sec: 1 Twp: 4N Rng: 62W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: CO109085

Spud Date: (when the 1st bit hit the dirt) 06/03/2019 Date TD: 10/08/2019 Date Casing Set or D&A: 10/09/2019
Rig Release Date: 10/09/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 19505 TVD** 6094 Plug Back Total Depth MD 19483 TVD** 6095

Elevations GR 4502 KB 4518 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, CBL (RES in 05-123-50081)

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 | 84 | 0 | 97 | 78 | 0 | 97 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 840 | 247 | 0 | 840 | VISU |
| 1ST | 8+3/4 | 7 | 23 | 0 | 6,393 | 640 | 0 | 6,393 | VISU |
| 2ND | 6+1/8 | 4+1/2 | 11.6 | 0 | 19,503 | 906 | 5,830 | 19,503 | CBL |

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 | 3,206 | | NO | NO | |
| SHARON SPRINGS | 5,801 | | NO | NO | |
| NIOBRARA | 6,010 | | NO | NO | |

Operator Comments:

Permit incorrectly had NWNW as the QtrQtr, correct QtrQtr is SWNW.

PBTD is taken from the wet shoe.

The TPZ is actual.

Alternative Logging Program: No open-hole logs were ran on this well. A Resistivity log was ran on RSU Anschutz Fed 4-61-05-4040C (API 05-123-50081). Approved APD had BMP requiring one well on 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@bonanzacrk.com _____

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 402238342 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402236223 | 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> | | | |
| 402236225 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402236226 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402255740 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402847485 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402847501 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402847533 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Engineer | CBL on long string | 04/28/2020 |
| Permit | Added GPS comment to the submit tab per operator | 02/18/2020 |

Total: 2 comment(s)