

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:

401995421

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: <u>10071</u>	Contact Name: <u>Kate Miller</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 241-6910</u>
Address: <u>555 17TH ST STE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatory@civiresources.com</u>

API Number <u>05-123-47309-00</u>	County: <u>WELD</u>
Well Name: <u>Critter Creek</u>	Well Number: <u>16-6005BW</u>
Location: QtrQtr: <u>SESE</u> Section: <u>16</u> Township: <u>11N</u> Range: <u>63W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>430</u> feet Direction: <u>FSL</u> Distance: <u>1079</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.916289</u> As Drilled Longitude: <u>-104.432368</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>09/14/2018</u>	
GPS Instrument Operator's Name: <u>Jonathon Bayliff</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>357</u> feet Direction: <u>FSL</u> Dist: <u>2622</u> feet Direction: <u>FWL</u>	
Sec: <u>16</u> Twp: <u>11N</u> Rng: <u>63W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>357</u> feet Direction: <u>FSL</u> Dist: <u>2622</u> feet Direction: <u>FWL</u>	
Sec: <u>16</u> Twp: <u>11N</u> Rng: <u>63W</u>	
Field Name: <u>HEREFORD</u> Field Number: <u>34200</u>	
Federal, Indian or State Lease Number: <u>CO 8725.5</u>	

Spud Date: (when the 1st bit hit the dirt) 08/16/2018 Date TD: 12/28/2018 Date Casing Set or D&A: 08/19/2018
 Rig Release Date: 01/22/2019 Per Rule 308A.b.

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

Total Depth MD <u>8095</u> TVD** <u>7375</u> Plug Back Total Depth MD <u>6675</u> TVD** <u>6355</u>
Elevations GR <u>5251</u> KB <u>5271</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
GR_MWD, RESISTIVITY IN (123-47312)

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
SURF	13+1/2	9+5/8	36	0	1,531	445	0	1,531	VISU
OPEN HOLE	6+1/8			1531	8,095				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/05/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		220	6,576	7,100

Details of work:

After two separate attempts to run 7" intermediate casing, we were unable to past the Sharon Springs fmn @ 7676' MD. Between casing runs, an aggressive cleanout run was performed as well. The total MD being abandoned is 8095', 8 3/4" hole. A 504' cement plug was pumped starting inside the 8 3/4" open hole from 6675' to 6910' MD.

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	4,351				
SHARON SPRINGS	7,533				
NIOBRARA	7,550				

Operator Comments:

After two separate attempts to run 7" intermediate casing, unable to past the Sharon Springs @ 7676' MD. Between casing runs, an aggressive cleanout run was performed as well. The total MD being abandoned is 8095'. A 504' cement plug was pumped starting inside open hole from 6675' to 6910' MD.

PBTD top cmt plug

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@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402935317	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401995521	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>			
402935247	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402935277	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402935327	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402942751	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This Form returned to "Draft" on 11/9/2021 as part of Highpoint AOC Batch 5.	11/09/2021

Total: 1 comment(s)