

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:

402969077

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: 10583 Contact Name: ALEX COREY
Name of Operator: PETRO OPERATING COMPANY LLC Phone: (713) 408-7174
Address: 9033 E EASTER PLACE SUITE 112 Fax: _____
City: CENTENNIAL State: CO Zip: 80112- Email: alex.corey@iptenergyservices.com

API Number 05-123-44074-00 County: WELD
Well Name: L. E. Gerkin Well Number: 15H
Location: QtrQtr: NWNE Section: 13 Township: 2N Range: 64W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 229 feet Direction: FNL Distance: 1318 feet Direction: FEL
As Drilled Latitude: 40.144980 As Drilled Longitude: -104.495130
GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 03/03/2022

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 229 feet Direction: FNL Dist: 1318 feet Direction: FEL
Sec: 13 Twp: 2N Rng: 64W

FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 192 feet Direction: FNL Dist: 1173 feet Direction: FEL
Sec: 13 Twp: 2N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/10/2021 Date TD: 04/10/2021 Date Casing Set or D&A: 04/10/2021

Rig Release Date: 04/11/2021 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1460 TVD** 1450 Plug Back Total Depth MD 1404 TVD** 1394

Elevations GR 4870 KB 4883 Digital Copies of ALL Logs must be Attached

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): _____ Fresh Water (bbls): _____

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): _____

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
CONDUCTOR	26	16	J55	42	0	80	400	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1450	392	1450	0	VISU

Bradenhead Pressure Action Threshold 435 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	
FOX HILLS	455	760	NO	NO	

Operator Comments:

This is a preliminary Form 5 for the LE Gerkin 15H surface casing. Operator drilled and set surface on this pad in April of 2021, but was not able to submit Form 5's until transfer of operatorship (Form 9 Doc #402693574) was approved in February of 2022.

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

Signed: _____

Print Name: Sean Dolfinger

Title: Assoc. Drilling Engineer

Date: _____

Email: sean.dolfinger@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402971444	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402986268	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402986267	DIRECTIONAL DATA	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)