

FORM
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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:

402374775

Date Received:

04/23/2020

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: 10518 Contact Name: Brittany Rothe
 Name of Operator: CONFLUENCE DJ LLC Phone: (303) 226-9519
 Address: 1125 17TH STREET #1550 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: brothe@confluencelp.com

API Number 05-123-48436-00 County: WELD
 Well Name: SILVERTON Well Number: 5-6-1L
 Location: QtrQtr: SWNW Section: 4 Township: 4N Range: 63W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 2709 feet Direction: FNL Distance: 255 feet Direction: FWL
 As Drilled Latitude: 40.341250 As Drilled Longitude: -104.451510
 GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 04/07/2020
 GPS Instrument Operator's Name: Kyle Daley 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: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/03/2020 Date TD: 03/03/2020 Date Casing Set or D&A: 03/03/2020

Rig Release Date: 03/03/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1590 TVD** 1583 Plug Back Total Depth MD 1579 TVD** 1572

Elevations GR 4624 KB 4645 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

None

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	26+0/0	16+0/0	43	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,579	470	0	1,590	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:

Confluence has suspended drilling operations in order to evaluate the economic viability of horizontal development in this area prior to continuing the Silverton program.

The anticipated date of resumption of drilling is TBD pending the results of Confluence's economic analysis.

Confluence will comply with all bradenhead and MIT testing requirements during the suspension of operations.

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

Signed: _____

Print Name: Ryan Bruner

Title: Regulatory Project Mgr

Date: 4/23/2020

Email: rbruner@cdhconsult.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402375112	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402375107	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>			
402374775	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402375105	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402375115	WELLBORE DIAGRAM	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)