

FORM
5Rev
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 BrunerTitle: Regulatory Project MgrDate: 4/23/2020Email: 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

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)