

FORM  
5Rev  
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:

403277431

Date Received:

01/12/2023

## 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: 10706

Contact Name: Ken Joda

Name of Operator: D90 ENERGY LLC

Phone: (303) 916-3854

Address: 952 ECHO LANE SUITE 480

Fax:

City: HOUSTON

State: TX

Zip: 77024

Email: Ken@D90energy.com

API Number 05-057-06623-00

County: JACKSON

Well Name: PRU Alcorn 0880

Well Number: 1-10

Location: QtrQtr: NWNE Section: 10 Township: 8N Range: 80W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 625 feet Direction: FNL Distance: 2104 feet Direction: FEL

As Drilled Latitude: 40.685589 As Drilled Longitude: -106.357169

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/14/2022

\*\* If directional footage at Top of Prod. Zone Dist: 605 feet Direction: FNL Dist: 2152 feet Direction: FEL  
Sec: 10 Twp: 08N Rng: 80W\*\* If directional footage at Bottom Hole Dist: 567 feet Direction: FNL Dist: 2172 feet Direction: FEL  
Sec: 10 Twp: 08N Rng: 80W

Field Name: NORTH PARK HORIZONTAL NIOBRARA

Field Number: 60120

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/20/2022 Date TD: 10/28/2022 Date Casing Set or D&amp;A: 11/06/2022

Rig Release Date: 11/08/2022 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 10806 TVD\*\* 10802 Plug Back Total Depth MD 9724 TVD\*\* 9722

Elevations GR 8122 KB 8146

Digital Copies of ALL Logs must be Attached



List All Logs Run:

Triple-combo, CBL

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1370

Fresh Water (bbls): 500

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 670

## CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	H-40	65	0	90		90	0	VISU
SURF	12+1/4	9+5/8	J-55	40	0	2412	750	2412	0	VISU
1ST	8+3/4	5+1/2	P-110	20	0	9768	1505	9768	2658	CBL

Bradenhead Pressure Action Threshold 724 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	
HYGIENE	4,076				
PIERRE	5,171				
SUSSEX	6,431				
SHANNON	6,890				
PIERRE A	6,969				
NIOBRARA	8,552				
CARLILE	9,020				
FRONTIER	9,233				
MOWRY	9,609				
DAKOTA	9,709				
LAKOTA	9,814				
MORRISON	9,865				
SUNDANCE	10,068				
ENTRADA	10,241				
CHUGWATER	10,377				

Operator Comments:

Footages will be confirmed and reported with the Form 5A  
Top of Cement for the 5 1/2" string does not meet CA requirements

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

Signed: \_\_\_\_\_ Print Name: Ken Joda

Title: Regulatory Specialist Date: 1/12/2023 Email: Ken@D90energy.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403277613	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403277625	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>					
403277431	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403277588	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403277594	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403277601	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403277612	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403277628	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)