

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403484993

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: 10633 Contact Name: Kamrin Stiver
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 3128532
Address: 1801 CALIFORNIA STREET #2500 Fax:
City: DENVER State: CO Zip: 80202 Email: kstiver@civiresources.com

API Number 05-123-51953-00 County: WELD
Well Name: Cosslett East Well Number: 1E-22H-H168
Location: QtrQtr: SENE Section: 22 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1715 feet Direction: FNL Distance: 1168 feet Direction: FEL
As Drilled Latitude: 40.039231 As Drilled Longitude: -104.984221
GPS Data: GPS Quality Value: 3.3 Type of GPS Quality Value: PDOP Date of Measurement: 06/13/2023
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1713 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 461 feet Direction: FSL Dist: 1750 feet Direction: FWL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/15/2023 Date TD: 04/26/2023 Date Casing Set or D&A: 04/27/2023
Rig Release Date: 06/07/2023 Per Rule 308A.b.

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

Total Depth MD 18560 TVD** 7765 Plug Back Total Depth MD 18558 TVD** 7765
Elevations GR 5183 KB 5208 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD, (RES 123-51944)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 4032 Fresh Water (bbls): 1100
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2136

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	17+1/2	13+3/8	J55	54.5	0	606	920	606	0	VISU
SURF	12+1/4	9+5/8	J55	36	0	2544	860	2544	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	18558	2950	18558	1450	CBL
NEW	30	20	A53B	52.78	0	145	100	145	0	VISU

Bradenhead Pressure Action Threshold 763 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	
PARKMAN	5,238		NO	NO	
SUSSEX	5,912		NO	NO	
SHANNON	6,367		NO	NO	
SHARON SPRINGS	8,431		NO	NO	
NIOBRARA	8,474		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
 Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A Resistivity log was run on Cosslett East Fed 1B-22H-H168 (123-51944)

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

Signed: _____ Print Name: Kamrin Stiver

Title: Drilling Technician Date: _____ Email: kstiver@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403484998	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403484997	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>			
403484995	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403485001	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403485003	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403485004	PDF-MWD/LWD	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)