FORM 5 Rev 12/20

State of Colorado
Energy & Carbon Management Commission

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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 [X] 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 05-123-51947-00 County: WELD

Well Name: Cosslett East Well Number: 1J-22H-H168

Location: QtrQtr: SENE Section: 22 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1715 feet Direction: FNL (FNL/FSL) Distance: 1118 feet Direction: FEL (FEL/FWL)

As Drilled Latitude: 40.039231 As Drilled Longitude: -104.984042

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 (FNL/FSL) Dist: 1860 feet Direction: FEL (FEL/FWL)

Sec: 23 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist: 460 feet Direction: FSL (FNL/FSL) Dist: 1822 feet Direction: FEL (FEL/FWL)

Sec: 26 Twp: 1N Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/17/2023 Date TD: 05/15/2023 Date Casing Set or D&A: 05/16/2023

Rig Release Date: 06/07/2023 Per Rule 308A.b.

Well Classification:

[ ] Dry [X] Oil [ ] Gas/Coalbed [ ] Disposal [ ] Stratigraphic [ ] Enhanced Recovery [ ] Storage [ ] Observation

Total Depth MD 19557 TVD** 8014 Plug Back Total Depth MD TVD** 8014

Elevations GR 5181 KB 5206 **Digital Copies of ALL Logs must be Attached** [X]

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): 5371 Fresh Water (bbls): 1180

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3345

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	2660	860	2660	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	19555	3100	19555	160	CBL
NEW	30	20	A53B	52.78	0	145	100	145	0	VISU

Bradenhead Pressure Action Threshold 798 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	5,610		NO	NO	
SUSSEX	6,265		NO	NO	
SHANNON	6,767		NO	NO	
SHARON SPRINGS	8,979		NO	NO	
NIOBRARA	9,019		NO	NO	
FORT HAYS	9,680		NO	NO	
CODELL	9,775		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" 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 ?	
Attachment Checklist			
403485145	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
403485144	Directional Survey **	Yes ☒	No ☐
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☒	No ☐
	Other	Yes ☐	No ☒
Other Attachments			
403485139	PDF-CEMENT BOND	Yes ☒	No ☐
403485140	PDF-MWD/LWD	Yes ☒	No ☐
403485141	LAS-MWD/LWD	Yes ☒	No ☐
403485143	DIRECTIONAL DATA	Yes ☒	No ☐

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)