

FORM
5Rev
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:

403684996

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: 10133

Contact Name: Amanda Walker

Name of Operator: HILCORP ENERGY COMPANY

Phone: (346) 237-2177

Address: P O BOX 61229

Fax:

City: HOUSTON

State: TX

Zip: 77208

Email: mwalker@hilcorp.com

API Number 05-067-10047-00

County: LA PLATA

Well Name: Southern Ute

Well Number: 703H

Location: QtrQtr: NENE Section: 15 Township: 32N Range: 7W Meridian: N
FNL/FSL FEL/FWL

Footage at surface: Distance: 188 feet Direction: FNL Distance: 425 feet Direction: FEL

As Drilled Latitude: 37.023821 As Drilled Longitude: -107.588354

GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 01/23/2024

** If directional footage at Top of Prod. Zone Dist: 189 feet Direction: FNL Dist: 425 feet Direction: FEL
Sec: 15 Twp: 32N Rng: 07W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 931 feet Direction: FNL Dist: 1096 feet Direction: FEL
Sec: 15 Twp: 32N Rng: 07W
FNL/FSL FEL/FWL

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number: FEE

Spud Date: (when the 1st bit hit the dirt) 11/27/2023 Date TD: 12/09/2023 Date Casing Set or D&A: 11/29/2023

Rig Release Date: 12/12/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3476 TVD** 2972 Plug Back Total Depth MD 3476 TVD** 2972

Elevations GR 6289 KB 17 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

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): 0 Fresh Water (bbls): 0

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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>
SURF	12+1/4	9+5/8	H40	32.3	0	345	155		0	VISU
1ST	8+3/4	7	J55	23	0	3476	423	3476	0	VISU

Bradenhead Pressure Action Threshold 104 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	
OJO ALAMO	1,731	1,970		NO	
KIRTLAND	1,970	2,820		NO	
FRUITLAND COAL	2,820	3,707		NO	
PICTURED CLIFFS	3,707				

Operator Comments:

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

Signed: _____

Print Name: Amanda WalkerTitle: Operation Regulatory Tech

Date: _____

Email: mwalker@hilcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
403684998	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403684999	DIRECTIONAL DATA	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)