

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:

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
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
** If directional footage at Bottom Hole Dist: 931 feet Direction: FNL Dist: 1096 feet Direction: FEL
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

| Casing Type | Size of Hole | Size of Casing | Grade | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top | Status |
|-------------|--------------|----------------|-------|-------|---------------|---------------|-----------|---------|---------|--------|
| 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 Walker

Title: 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)