

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:

403589683

Date Received:

11/15/2023

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

ECMC Operator Number: 10633

Contact Name: Kamrin Stiver

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Phone: (303) 3128532

Address: 555 17TH STREET SUITE 3700

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kstiver@civiresources.com

API Number 05-001-10552-00

County: ADAMS

Well Name: Blue 3-65

Well Number: 33-32 2BH

Location: QtrQtr: NWSW

Section: 34

Township: 3S

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2283 feet

Direction: FSL

Distance: 533 feet

Direction: FWL

As Drilled Latitude: 39.746223

As Drilled Longitude: -104.657560

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP

Date of Measurement: 10/26/2023

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 2449 feet

Direction: FNL

Dist: 540 feet

Direction: FEL

Sec: 33

Twp: 3S

Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 2178 feet

Direction: FNL

Dist: 101 feet

Direction: FWL

Sec: 32

Twp: 3S

Rng: 65W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/16/2023

Date TD: 08/09/2023

Date Casing Set or D&A: 08/10/2023

Rig Release Date: 09/15/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 18371

TVD** 8026

Plug Back Total Depth MD 18364

TVD** 8026

Elevations

GR 5593

KB

5618

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

CBL, MWD/LWD, Resistivity.

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 5153

Fresh Water (bbls): 1115

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3365

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	26	16	B	37	0	124	100	124	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	3293	1800	3293	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	18364	2895	18364	255	CBL

Bradenhead Pressure Action Threshold 988 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	4,662		NO	NO	
SUSSEX	5,283		NO	NO	
SHANNON	6,051		NO	NO	
SHARON SPRINGS	7,685		NO	NO	
NIOBRARA	7,782		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.
Open hole resistivity log with gamma ray was run on this well per rule 317.

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

Signed: _____ Print Name: Kamrin StiverTitle: Drilling Technician Date: 11/15/2023 Email: kstiver@civiresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403591347	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403591348	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403591343	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>					
403589683	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403591322	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403591326	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403591329	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403591331	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403591339	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403591342	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting • TPZ and BHL footages verified; TPZ corrected to as-completed footages per operator comment on Form 5A.	08/16/2024

Total: 1 comment(s)