

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:

403661838

Date Received:

01/22/2024

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 05-005-07540-00 County: ARAPAHOE
Well Name: Sky Ranch 4-65 10-9-8-7 Well Number: 2BH
Location: QtrQtr: NESE Section: 10 Township: 4S Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2374 feet Direction: FSL Distance: 440 feet Direction: FEL
As Drilled Latitude: 39.717661 As Drilled Longitude: -104.642396
GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 01/04/2024
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 2483 feet Direction: FNL Dist: 353 feet Direction: FEL
Sec: 10 Twp: 4S Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1865 feet Direction: FNL Dist: 330 feet Direction: FWL
Sec: 7 Twp: 4S 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) 09/23/2023 Date TD: 10/20/2023 Date Casing Set or D&A: 10/22/2023
Rig Release Date: 11/28/2023 Per Rule 308A.b.

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

Total Depth MD 28819 TVD** 8134 Plug Back Total Depth MD 28808 TVD** 8134
Elevations GR 5684 KB 5709 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): 6299 Fresh Water (bbls): 1630
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3549

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	36.9	0	100	100	100	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	3307	1540	3307	0	VISU
1ST	8+3/4	6	P110	24	0	28808	4255	28808	910	CBL

Bradenhead Pressure Action Threshold 992 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	4,959		NO	NO	
SUSSEX	5,284		NO	NO	
SHANNON	6,170		NO	NO	
SHARON SPRINGS	7,715		NO	NO	
NIOBRARA	7,780		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.
Open hole resistivity log with gamma ray was run on this well per rule 317.p.

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: 1/22/2024 Email: kstiver@civiresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403662168	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403662170	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403662173	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>			
403661838	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403662152	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403662156	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403662159	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403662160	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403662162	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403662165	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.	12/18/2024

Total: 1 comment(s)