

FORM
5

Rev
02/20

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402091927

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: 10071 Contact Name: Allie Ryan
Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (303) 312-8153
Address: 555 17TH ST STE 3700 Fax: _____
City: DENVER State: CO Zip: 80202 Email: aryan@hpres.com

API Number 05-123-48184-00 County: WELD
Well Name: Anschutz Equus Farms Fed Well Number: 5-61-34-4033B
Location: QtrQtr: NESE Section: 34 Township: 5N Range: 61W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1686 feet Direction: FSL Distance: 300 feet Direction: FEL
As Drilled Latitude: 40.354729 As Drilled Longitude: -104.186608
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 01/18/2019
GPS Instrument Operator's Name: Chad Meiers
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 2140 feet Direction: FSL Dist: 511 feet Direction: FEL
Sec: 34 Twp: 5N Rng: 61W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 2145 feet Direction: FSL Dist: 400 feet Direction: FWL
Sec: 33 Twp: 5N Rng: 61W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: COC74188

Spud Date: (when the 1st bit hit the dirt) 01/17/2019 Date TD: 03/15/2019 Date Casing Set or D&A: 03/16/2019
Rig Release Date: 05/08/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 15952 TVD** 5935 Plug Back Total Depth MD 15891 TVD** 5936

Elevations GR 4480 KB 4496 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, CBL, RES in [123-48186-00]

CASING, LINER AND CEMENT

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 20 | 16 | 84 | 0 | 80 | | | | |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,010 | 295 | 0 | 1,010 | VISU |
| 1ST | 8+3/4 | 7 | 23 | 0 | 6,262 | 720 | 0 | 6,262 | CALC |
| 2ND | 6+1/8 | 4+1/2 | 11.6 | 0 | 15,945 | 510 | 5,114 | 15,945 | CBL |

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 | 3,158 | 3,510 | NO | NO | |
| SUSSEX | 3,873 | 4,223 | NO | NO | |
| SHANNON | 4,353 | 4,673 | NO | NO | |
| SHARON SPRINGS | 5,720 | | NO | NO | |
| NIOBRARA | 5,931 | | NO | NO | |

Operator Comments:

- PBD is taken from the wet shoe sub set depth
- Please utilize the "Casing" tab for actual depths as sources reference different datums, which result in a different depth.
- Top of cement calculation is based on the Contractor's cement ticket.
- A CBL was not run during drilling operations; however, will be run on this well upon commencement of completion operations and will be submitted via Sundry Notice after it is run.
- No open-hole logs were run on this well. Per rule 317.p., a Resistivity log was run on the Anschutz Equus Farms Fed 6-61-34-5764B well (123-48186-00).

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

Signed: _____

Print Name: Allie Ryan

Title: Regulatory Analyst

Date: _____

Email: aryan@hpres.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 402091933 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402091932 | 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> | | | |
| 402091928 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402091929 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402091930 | PDF-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402091931 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402402651 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Permit | Returned to draft - 5/19/2020 -Operator request to make corrections | 05/19/2020 |

Total: 1 comment(s)

