

FORM
5

Rev
11/20

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:

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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: 10633 Contact Name: Brittney White
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 774-3951
Address: 1801 CALIFORNIA STREET #2500 Fax: _____
City: DENVER State: CO Zip: 80202 Email: brittney.white@crestonepr.com

API Number 05-123-14115-00 County: WELD
Well Name: MILLER Well Number: 4-20J
Location: QtrQtr: CSE Section: 20 Township: 3N Range: 66W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1317 feet Direction: FSL Distance: 1331 feet Direction: FEL
As Drilled Latitude: 40.206753 As Drilled Longitude: -104.796379
GPS Data: GPS Quality Value: 0.0 Type of GPS Quality Value: PDOP Date of Measurement: 05/13/2009
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1317 feet Direction: FSL Dist: 1331 feet Direction: FEL
Sec: 20 Twp: 3N Rng: 66W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1317 feet Direction: FSL Dist: 1331 feet Direction: FEL
Sec: 20 Twp: 3N Rng: 66W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/02/1988 Date TD: 11/08/1988 Date Casing Set or D&A: _____
Rig Release Date: 12/20/1988 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7975 TVD** 7975 Plug Back Total Depth MD _____ TVD** 7975
Elevations GR 4964 KB 4974 Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

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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	8+5/8	J55	24	0	624	375	624		VISU
1ST	7+7/8	4+1/2	J55	11.6	600	7975	550	7975	5785	CBL

Bradenhead Pressure Action Threshold 187 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
1 INCH	1ST		150	4,172	4,654
1 INCH	SURF		200	698	1,625

Details of work:

Annular Fill - Calculated

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	

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: Brittney WhiteTitle: Production Engineer Date: _____ Email: Brittney.white@cretonepr.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>			
402526487	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	RTD per operator request	11/03/2020

Total: 1 comment(s)