

FORM  
5  
Rev  
11/20

# State of Colorado Oil and Gas Conservation Commission

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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:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 White

Title: 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)