

FORM
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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:

401993762

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: Kate Miller
Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (303) 241-6910
Address: 555 17TH ST STE 3700 Fax: _____
City: DENVER State: CO Zip: 80202 Email: regulatory@civiresources.com

API Number 05-123-47308-00 County: WELD
Well Name: Critter Creek Well Number: 16-5807BW
Location: QtrQtr: SESE Section: 16 Township: 11N Range: 63W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 430 feet Direction: FSL Distance: 1019 feet Direction: FEL
As Drilled Latitude: 40.916289 As Drilled Longitude: -104.432151
GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 09/14/2018
GPS Instrument Operator's Name: Jonathon Bayliff
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 334 feet Direction: FSL Dist: 1236 feet Direction: FEL
Sec: 16 Twp: 11N Rng: 63W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 241 feet Direction: FNL Dist: 1260 feet Direction: FEL
Sec: 9 Twp: 11N Rng: 63W
Field Name: HEREFORD Field Number: 34200
Federal, Indian or State Lease Number: CO 8725.5

Spud Date: (when the 1st bit hit the dirt) 08/27/2018 Date TD: 11/08/2018 Date Casing Set or D&A: 11/10/2018
Rig Release Date: 01/22/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17808 TVD** 7380 Plug Back Total Depth MD 17747 TVD** 7378

Elevations GR 5251 KB 5271 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

MWD/LWD, CBL, (RES in 123-47312)

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
SURF	13+1/2	9+5/8	36	0	1,538	435	0	1,538	VISU
1ST	8+3/4	7	23	0	7,775	740	1,335	7,775	CALC
1ST LINER	6+1/8	4+1/2	11.6	6833	17,804	484	2,230	17,804	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	4,341				
SHARON SPRINGS	7,487				
NIOBRARA	7,530				

Operator Comments:

Alternative Logging Program: No open-hole logs were ran on this well. A Resistivity log was ran on Critter Creek 16-5708D (123-47312). Approved APD had BMP requiring one well on pad to be logged with open hole resistivity log with gamma ray.

PBTD is taken from the wet shoe sub.

The TPZ is actual.

The Sussex and Shannon Formations are not present.

Surface Liner Casing Cement Job Summary is unavailable for this well, operator has attached ops summary in lieu of summary.

Intermediate Liner Casing Cement Job Summary is unavailable for this well, operator has attached ops summary in lieu of summary.

Production Liner Casing Cement Job Summary is unavailable for this well, operator has attached ops summary in lieu of summary.

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

Signed: _____

Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: regulatory@civiresources.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"/>
401993813	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>			
402928324	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402928339	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402928346	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402928349	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402928395	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402942020	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402942022	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402942026	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This Form returned to "Draft" on 11/9/2021 as part of Highpoint AOC Batch 5.	11/09/2021

Total: 1 comment(s)