

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:

402343451

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: <u>10518</u>	Contact Name: <u>Brittany Rothe</u>
Name of Operator: <u>CONFLUENCE DJ LLC</u>	Phone: <u>(303) 226-9519</u>
Address: <u>1001 17TH STREET #1250</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>brothe@confluencelp.com</u>

API Number <u>05-123-46223-00</u>	County: <u>WELD</u>
Well Name: <u>Walla</u>	Well Number: <u>5-10-4L</u>
Location: QtrQtr: <u>SESE</u> Section: <u>31</u> Township: <u>1N</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>861</u> feet Direction: <u>FSL</u> Distance: <u>705</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.002890</u> As Drilled Longitude: <u>-104.699820</u>	
GPS Data: GPS Quality Value: <u>1.9</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>03/17/2020</u>	
GPS Instrument Operator's Name: <u>Robert Daley</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 12/13/2019 Date TD: 12/13/2019 Date Casing Set or D&A: 12/13/2019  
 Rig Release Date: 12/14/2019 Per Rule 308A.b.

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

Total Depth MD <u>1570</u> TVD** _____	Plug Back Total Depth MD <u>1552</u> TVD** _____
Elevations GR <u>5039</u> KB <u>5052</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:  
 None

### 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	26+0/0	16+0/0	43	0	80	400	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,552	650	0	1,580	VISU

## 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	

Operator Comments:

Confluence has suspended drilling operations in order to evaluate the economic viability of horizontal development in this area prior to continuing the Walla program.

The anticipated date and method of resumption of drilling is TBD pending the results of Confluence's economic analysis.

Confluence will comply with all bradenhead and MIT testing requirements during the suspension of operations.

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

Signed: \_\_\_\_\_

Print Name: Brittany Rothe

Title: Engineering Manager

Date: \_\_\_\_\_

Email: brothe@confluencelp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402343598	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402343597	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
402344662	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402344666	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

