

FORM
5Rev
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:

402516739

Date Received:

11/30/2020

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: 10583

Contact Name: ALEX COREY

Name of Operator: PETRO OPERATING COMPANY LLC

Phone: (713) 408-7174

Address: 9033 E EASTER PLACE SUITE 112

Fax:

City: CENTENNIAL State: CO Zip: 80112-

Email: alex.corey@iptenergyservices.com

API Number 05-001-10217-00

County: ADAMS

Well Name: BEF WEST

Well Number: 9

Location: QtrQtr: SENE Section: 2 Township: 1S Range: 66W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2071 feet Direction: FNL Distance: 296 feet Direction: FEL

As Drilled Latitude: 39.994850 As Drilled Longitude: -104.734610

GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: PDOP Date of Measurement: 10/27/2020

** If directional footage at Top of Prod. Zone Dist: 2071 feet Direction: FNL Dist: 296 feet Direction: FEL
Sec: 2 Twp: 1S Rng: 66W** If directional footage at Bottom Hole Dist: 2344 feet Direction: FNL Dist: 95 feet Direction: FEL
Sec: 2 Twp: 1S Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/20/2020 Date TD: 09/20/2020 Date Casing Set or D&A: 09/20/2020

Rig Release Date: 09/22/2020 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1539 TVD** 1526 Plug Back Total Depth MD 1529 TVD** 1516

Elevations GR 5048 KB 5060

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

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CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	J55	42	0	80	400	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1529	435	1529	0	VISU

Bradenhead Pressure Action Threshold 459 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

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:

This well was only drilled to set the Surface Casing and will likely be completed in the 1st Quarter of 2021.
NO logs were run.
Formation data will be supplied on the FINAL form 5.

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

Signed: _____ Print Name: PAUL GOTTLÖB

Title: Regulatory & Engin. Tech. Date: 11/30/2020 Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402517936	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402517935	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"/>
<u>Other Attachments</u>			
402516739	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402517934	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Cement summary OK. Pass.	12/10/2020
Engineer	rt'd to DRAFT - directionally drilled so BHL required: PBTVD would seemingly be different than TVD; cement summary has Bayswater?	11/30/2020

Total: 2 comment(s)

