

FORM  
5Rev  
09/14State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

401660316

Date Received:

06/08/2018

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10133

Contact Name: Amanda Ray

Name of Operator: HILCORP ENERGY COMPANY

Phone: (505) 324.5122

Address: P O BOX 61229

Fax:

City: HOUSTON

State: TX

Zip: 77208

API Number 05-067-09924-01

County: LA PLATA

Well Name: ALLISON UNIT COM

Well Number: 138H

Location: QtrQtr: LOT 3 Section: 8 Township: 32N Range: 6W Meridian: N

Footage at surface: Distance: 176 feet Direction: FNL Distance: 2615 feet Direction: FWL

As Drilled Latitude: 36.999650 As Drilled Longitude: -107.481916

GPS Data:

Date of Measurement: 04/07/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: Marshall W. Lindeen

\*\* If directional footage at Top of Prod. Zone Dist.: 449 feet. Direction: FNL Dist.: 2028 feet. Direction: FEL  
Sec: 22 Twp: 32N Rng: 06W

\*\* If directional footage at Bottom Hole Dist.: 751 feet. Direction: FNL Dist.: 887 feet. Direction: FWL  
Sec: 22 Twp: 32N Rng: 06W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number: COC 73972

Spud Date: (when the 1st bit hit the dirt) 04/23/2018 Date TD: 05/16/2018 Date Casing Set or D&amp;A: 05/17/2018

Rig Release Date: 05/21/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6514 TVD\*\* 2545 Plug Back Total Depth MD 6483 TVD\*\* 2544

Elevations GR 6134 KB 6151

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, Resistivity and MWD log are combined on MWD log

## 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	12+1/4	9+5/8	32.3	0	528	280	0	533	VISU
1ST	8+3/4	7	23	0	3,495	790	42	3,539	CBL
1ST LINER	6+1/4	4+1/2	11.6	3069	6,484				

## 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	
NACIMIENTO	862	1,961			
OJO ALAMO	1,961	2,035			
KIRTLAND	2,035	2,582			
FRUITLAND COAL	2,582	3,433			
PICTURED CLIFFS	3,433				

Comment:

SHL is in NM (API# 3004535634), BHL and production will come from Colorado

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

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

Print Name: Amanda Ray

Title: Operation/Regulatory Tech

Date: 6/8/2018

Email: mwalker@hilcorp.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"/>
401667610	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"/>
401667611	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
401660316	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401667609	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401667619	TIF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401667633	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401668253	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401668262	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)